## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: |    | Liquidation        |
|------------|----|--------------------|
| \$24       | 15 | filing fee         |
| \$7        | 75 | administrative fee |
| + \$1      | 15 | trustee surcharge  |
| \$33       | 35 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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|               | in this information to identify your case:  |              |         |                            |
|---------------|---|--------------|---------|----------------------------|
|               |   |              |         |                            |
| Deb           | otor 1 DAKOTA D ROUTH First Name Middle Name Last Name  |              |         |                            |
| Deb           | otor 2 KRISTINA K ROUTH   |              |         |                            |
| (Spou         | use if, filing) First Name Middle Name Last Name  |              |         |                            |
| Unit          | ted States Bankruptcy Court for the: DISTRICT OF NEVADA   |              |         |                            |
| Cas           | se number 16-12003  |              |         |                            |
| (if kno       | lown)   | 1            | ☐ Che   | ck if this is an           |
|               |   |              | ame     | nded filing                |
| Sur           | ficial Form 106Sum  mmary of Your Assets and Liabilities and Certain Statistical Informates complete and accurate as possible. If two married people are filing together, both are equally respo                              |              | cupply  | 12/15                      |
| infor<br>your | rmation. Fill out all of your schedules first; then complete the information on this form. If you are filling roriginal forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.              |              |         |                            |
| Part          | t 1: Summarize Your Assets  |              |         |                            |
|               |   |              |         | assets<br>of what you own  |
| 1.            | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   |              | \$      | 0.00                       |
|               |   |              | Ψ       |                            |
|               | 1b. Copy line 62, Total personal property, from Schedule A/B  |              | \$      | 21,294.00                  |
|               | 1c. Copy line 63, Total of all property on Schedule A/B   |              | \$      | 21,294.00                  |
| Part          | t 2: Summarize Your Liabilities   |              |         |                            |
|               |   |              |         | liabilities<br>Int you owe |
| 2.            | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D: Creditors Who Have Claims | dule D       | \$      | 26,983.00                  |
| 3.            | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   |              | \$      | 5,000.00                   |
|               | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   |              | \$      | 1,596,723.36               |
|               | Your total li   | abilities    | \$      | 1,628,706.36               |
| Part          | t 3: Summarize Your Income and Expenses   | L            |         |                            |
| 1             | Schodule I: Vour Income (Official Form 1061)  |              |         |                            |
| 4.            | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   |              | \$      | 5,364.00                   |
| 5.            | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   |              | \$      | 5,357.00                   |
| Part          | t 4: Answer These Questions for Administrative and Statistical Records  |              |         |                            |
| 6.            | Are you filing for bankruptcy under Chapters 7, 11, or 13?  |              |         |                            |
| 0.            | No. You have nothing to report on this part of the form. Check this box and submit this form to the cour  | rt with you  | other s | chedules.                  |
| 7.            | ■ Yes What kind of debt do you have?  |              |         |                            |
|               | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual prim household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.                      | narily for a | persona | al, family, or             |
|               | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. C   | Sheck this l | box and | submit this form to        |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

the court with your other schedules.

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Debtor 1 DAKOTA D ROUTH
Debtor 2 KRISTINA K ROUTH Case number (if known) 16-12003

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

7,304.67

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total cl | aim      |
|--|----------|----------|
| From Part 4 on Schedule E/F, copy the following:   |          |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$       | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$       | 5,000.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$       | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$       | 0.00     |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$       | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$      | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$       | 5,000.00 |

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|   | Case 10-12003-at   | DOC 11 Linteled 03/13/10 03.1   | .2.30 Fage 1 01                          | 30   |
|---|--|---|--|--|
| Fill in this infor  | mation to identify your case a   | nd this filing:   |  |  |
| Debtor 1  | DAKOTA D ROUTH   |   |  |  |
|   | First Name   | Middle Name Last Name   |  |  |
| Debtor 2<br>(Spouse, if filing)                                 | KRISTINA K ROUTH First Name  | Middle Name Last Name   |  |  |
|   |  | RICT OF NEVADA  |  |  |
| United States B   | ankruptcy Court for the: DISTI   | RICT OF NEVADA  |  |  |
| Case number   | 16-12003   |   |  | ☐ Check if this is an  |
|   |  |   |  | amended filing   |
| 000 : 15  | 400A/D   |   |  |  |
| _   | orm 106A/B   |   |  |  |
| Schedu  | le A/B: Property   | y   |  | 12/15  |
| think it fits best. I<br>information. If mo<br>Answer every que | Be as complete and accurate as pure space is needed, attach a sepanation.                                | List an asset only once. If an asset fits in more than or ossible. If two married people are filing together, both ar ate sheet to this form. On the top of any additional page   | e equally responsible for si             | upplying correct   |
| Part 1: Describe  | Each Residence, Building, Land,  | or Other Real Estate You Own or Have an Interest In   |  |  |
| 1. Do you own or  | have any legal or equitable intere   | st in any residence, building, land, or similar property?   |  |  |
| ■ No. Go to Pa  | art 2.   |   |  |  |
| ☐ Yes. Where  | is the property?   |   |  |  |
| Part 2: Describe  | e Your Vehicles  |   |  |  |
| □ No ■ Yes  |  |   |  |  |
|   | Cadillac   |   | Do not deduct secured c                  | laims or exemptions. Put                                     |
| 3.1 Make:  Model:   | ATS  | Who has an interest in the property? Check one ☐ Debtor 1 only  | the amount of any secure                 | ed claims on Schedule D:<br>ims Secured by Property.         |
| Year:   | 2013   | Debtor 2 only   |  | , , ,  |
| Approxima   | ate mileage: 55000   | ■ Debtor 1 and Debtor 2 only  | Current value of the<br>entire property? | Current value of the portion you own?                        |
| Other infor   | rmation:   | $\square$ At least one of the debtors and another   |  |  |
|   |  | ■ Check if this is community property (see instructions)  | \$18,950.00                              | \$18,950.00  |
| Examples: Box  ■ No □ Yes  5 Add the doll pages you h           | ats, trailers, motors, personal wa<br>lar value of the portion you ow<br>lave attached for Part 2. Write | d other recreational vehicles, other vehicles, and tercraft, fishing vessels, snowmobiles, motorcycle act of the fishing vessels, snowmobiles, motorcycle act of the fishing vessels, snowmobiles, motorcycle act of the following items? | / entries for                            | \$18,950.00  Current value of the                            |
|   |  |   |  | portion you own? Do not deduct secured claims or exemptions. |

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| Debtor<br>Debtor                     |  |  | Case number (if known                | ) <b>16-12003</b>                |
|--------------------------------------|--|--|--------------------------------------|----------------------------------|
| <i>Exai</i><br>□ N                   |  | urnishings<br>ces, furniture, linens, china, kitchenware   |                                      |                                  |
| <b>—</b> Y                           | es. Describe   | Household Goods  |                                      | \$1,000.00                       |
|                                      |  | Trouserroid Goods  |                                      |                                  |
| ■ N                                  | mples: Televisions a<br>including cell                       | nd radios; audio, video, stereo, and digital equipment; com<br>phones, cameras, media players, games | puters, printers, scanners; music    | collections; electronic devices  |
| Exai                                 | other collection   | figurines; paintings, prints, or other artwork; books, picture ons, memorabilia, collectibles        | es, or other art objects; stamp, coi | n, or baseball card collections; |
| Exai                                 | musical instru   | graphic, exercise, and other hobby equipment; bicycles, po   | ool tables, golf clubs, skis; canoes | s and kayaks; carpentry tools;   |
| 10. <b>Fire</b><br><i>Exa</i><br>□ N | earms<br>amples: Pistols, rifles                             | s, shotguns, ammunition, and related equipment   |                                      |                                  |
|                                      |  | Springfield 45 Caliber   |                                      | \$300.00                         |
| □N                                   | amples: Everyday clo   | othes, furs, leather coats, designer wear, shoes, accessorie   | es                                   |                                  |
|                                      |  | Clothes  |                                      | \$200.00                         |
| ■ N<br>□ Y                           | amples: Everyday jev<br>lo<br>es. Describe<br>n-farm animals | welry, costume jewelry, engagement rings, wedding rings,   | heirloom jewelry, watches, gems,     | gold, silver                     |
| ■ N                                  | amples: Dogs, cats, l<br>lo<br>es. Describe                  | birds, horses  |                                      |                                  |
| ■ N                                  |  | d household items you did not already list, including a ormation                                     | ny health aids you did not list      |                                  |
|                                      |  | of all of your entries from Part 3, including any entries number here                                |                                      | \$1,500.00                       |
| Part 4:                              | Describe Your Finance  | cial Assets  |                                      |                                  |
| Do you                               | own or have any le   | egal or equitable interest in any of the following?  |                                      | Current value of the             |

bo you own or have any logar or equitable interest in any or the following.

Current value of the portion you own?

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|     | ebtor 1<br>ebtor 2 | DAKOTA D<br>KRISTINA K              |             | I                                  |            |  | Case number (if known)                             | 16-12003                                    |
|-----|--------------------|-------------------------------------|-------------|------------------------------------|------------|--|--|---|
|     |                    |                                     |             |                                    |            |  |  | Do not deduct secured claims or exemptions. |
| 16. | □ No ´             |                                     | Í           | our wallet, in your                | ·          | ,  | hand when you file your petition                   | on  |
|     |                    |                                     |             |                                    |            |  | Cash on Hand                                       | \$0.00                                      |
| 17. | Exampi<br>_        |                                     |             |                                    |            | certificates of deposit; share<br>he same institution, list each                   | es in credit unions, brokerage h                   | nouses, and other similar                   |
|     | □ No<br>■ Yes      |                                     |             |                                    |            | Institution name:  |  |   |
|     |                    |                                     | 17.1.       | Checking                           |            | US Bank Account #080<br>Opened 11/16/2015  | 04   | \$0.00                                      |
|     |                    |                                     | 17.2.       | Business Ch                        | ecking     | US Bank Account #361   | 13   | \$844.00                                    |
|     | Example No         |                                     | , investme  | ly traded stocks ent accounts with | brokerag   | e firms, money market acco   | unts   |   |
|     |                    |                                     |             |                                    |            |  | nassas including an intaras                        | t in an LLC, partnership, and               |
| 19. | joint ve           |                                     | lock and    | interests in inco                  | poratec    | i and unincorporated busin   | nesses, including an interes                       | t iii aii EEO, partiiersiiip, aiiu          |
|     | ■ No<br>□ Yes.     | Give specific inf                   |             | about them<br>ne of entity:        |            |  | % of ownership:                                    |   |
| 20. | Negotia            | able instruments                    | include p   | ersonal checks,                    | cashiers'  | e and non-negotiable instruchecks, promissory notes, a to someone by signing or de | and money orders.                                  |   |
|     | ☐ Yes. 0           | Give specific info                  |             |                                    |            |  |  |   |
| 21. |                    | ent or pension<br>les: Interests in |             |                                    | ), 403(b), | thrift savings accounts, or o  | other pension or profit-sharing                    | plans                                       |
|     |                    | ist each accour                     |             | ely.<br>of account:                |            | Institution name:  |  |   |
| 22. | Your sh            |                                     | ed deposit  | s you have made                    |            | ou may continue service or utilities (electric, gas, water)                        | use from a company<br>), telecommunications compar | nies, or others                             |
|     |                    |                                     |             |                                    |            | Institution name or individu   | al:  |   |
| 23. | Annuitio           | es (A contract fo                   | or a period | dic payment of me                  | oney to y  | ou, either for life or for a nun   | nber of years)                                     |   |
|     | ☐ Yes              | ls                                  | suer nam    | e and description                  |            |  |  |   |
| 24. |                    | s in an education. §§ 530(b)(1),    |             |                                    | a qualifie | ed ABLE program, or unde   | r a qualified state tuition pro                    | gram.                                       |
|     | Yes                | In                                  | stitution r | name and descrip                   | tion. Sep  | arately file the records of an   | y interests.11 U.S.C. § 521(c):                    |   |

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|     | ebtor 1<br>ebtor 2   | DAKOTA D ROUTH<br>KRISTINA K ROUTH  |   |                        | Case number (if known)        | 6-12003   |
|-----|----------------------|---|---|------------------------|-------------------------------|---|
| 25. | _ `                  | , equitable or future interests ir  | n property (other than anything I                                     | isted in line 1), and  | rights or powers exerci       | sable for your benefit  |
|     | ■ No<br>□ Yes.       | Give specific information about t   | hem   |                        |                               |   |
| 26. |                      |   | e secrets, and other intellectual sites, proceeds from royalties and  |                        | ots                           |   |
|     | ☐ Yes.               | Give specific information about t   | hem   |                        |                               |   |
| 27. |                      | es, franchises, and other general bles: Building permits, exclusive li                          | ral intangibles<br>censes, cooperative association h                  | oldings, liquor licens | ses, professional licenses    |   |
|     | ☐ Yes.               | Give specific information about t   | hem   |                        |                               |   |
| M   | oney or <sub>l</sub> | property owed to you?   |   |                        |                               | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref              | unds owed to you  |   |                        |                               |   |
|     | □ No<br>■ Yes.       | Give specific information about the   | nem, including whether you alread                                     | v filed the returns an | d the tax years               |   |
|     | . 00.                |   | ion, moraumy mound you amous  | ,                      | a are tan yeare               |   |
|     |                      |   |   |                        | 1                             |   |
|     |                      |   | Tax Refund  |                        |                               | Unknown   |
|     |                      |   |   |                        | 1                             |   |
|     |                      |   | Tax Refund Earned Income  | e Credit               |                               | Unknown   |
|     |                      |   |   |                        |                               |   |
| 29. |                      | support<br>bles: Past due or lump sum alimo   | ny, spousal support, child support,                                   | maintenance, divorc    | ce settlement, property se    | ttlement  |
|     | ☐ Yes.               | Give specific information   |   |                        |                               |   |
| 30. | Examp                | amounts someone owes you<br>bles: Unpaid wages, disability insi<br>benefits; unpaid loans you n | urance payments, disability benefit<br>nade to someone else           | s, sick pay, vacation  | n pay, workers' compensa      | tion, Social Security   |
|     | ■ No □ Yes.          | Give specific information   |   |                        |                               |   |
|     | Interes              | ts in insurance policies  | rance: health savings account (HS                                     | A); credit, homeown    | er's, or renter's insurance   |   |
|     | ■ No                 | , ,,  | ,                               | ,, ,                   | ,                             |   |
|     | ☐ Yes.               | Name the insurance company of<br>Company  |   | Beneficiar             | y:                            | Surrender or refund value:  |
| 32. | If you a             |   | ou from someone who has died<br>t, expect proceeds from a life insur  | rance policy, or are o | currently entitled to receive | e property because  |
|     | ■ No<br>□ Yes.       | Give specific information   |   |                        |                               |   |
| 33. | Examp                |   | or not you have filed a lawsuit outes, insurance claims, or rights to |                        | or payment                    |   |
|     | ■ No<br>□ Yes        | Describe each claim   |   |                        |                               |   |

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|              | otor 1<br>otor 2 | DAKOTA D ROUTH<br>KRISTINA K ROUTH   |                             | Case number (if known)      | 16-12003                |
|--------------|------------------|--|-----------------------------|-----------------------------|-------------------------|
|              | _                | ontingent and unliquidated claims of every nature, inclu   | uding counterclaims         | of the debtor and rights to | set off claims          |
| _            | ■ No             | Describe each claim  |                             |                             |                         |
| -            | <b>_</b> 165.    | Describe each daim   |                             |                             |                         |
|              | _ `              | ancial assets you did not already list   |                             |                             |                         |
|              | ■ No             | Give specific information  |                             |                             |                         |
| _            | <b>1</b> 163.    | Oive specific information.   |                             |                             |                         |
| 36.          |                  | he dollar value of all of your entries from Part 4, includir<br>rt 4. Write that number here                               |                             | es you have attached        | \$844.00                |
| Part         | 5: Des           | scribe Any Business-Related Property You Own or Have an Intel  | rest In. List any real esta | ate in Part 1.              |                         |
| 37. <b>[</b> | Do you o         | own or have any legal or equitable interest in any business-relat  | ed property?                |                             |                         |
|              | No. Go           | to Part 6.   |                             |                             |                         |
|              | Yes. G           | o to line 38.  |                             |                             |                         |
| Part         |                  | scribe Any Farm- and Commercial Fishing-Related Property You<br>ou own or have an interest in farmland, list it in Part 1. | ı Own or Have an Interes    | st In.                      |                         |
| 46.          | Do you           | own or have any legal or equitable interest in any farm-   | or commercial fishin        | g-related property?         |                         |
|              | No.              | Go to Part 7.  |                             |                             |                         |
|              | ☐ Yes.           | Go to line 47.   |                             |                             |                         |
| Part         | 7:               | Describe All Property You Own or Have an Interest in That You  | u Did Not List Above        |                             |                         |
| 53.          |                  | have other property of any kind you did not already list ples: Season tickets, country club membership                     | ?                           |                             |                         |
|              | No               |  |                             |                             |                         |
| L            | ∟ Yes. (         | Give specific information  |                             |                             |                         |
| 54.          | Add t            | he dollar value of all of your entries from Part 7. Write th   | at number here              |                             | \$0.00                  |
| Part         | 8:               | List the Totals of Each Part of this Form  |                             |                             |                         |
| 55.          | Part 1           | : Total real estate, line 2  |                             |                             | \$0.00                  |
| 56.          |                  | : Total vehicles, line 5   | \$18,950.00                 |                             |                         |
| 57.          | Part 3           | : Total personal and household items, line 15  | \$1,500.00                  |                             |                         |
| 58.          | Part 4           | : Total financial assets, line 36  | \$844.00                    |                             |                         |
| 59.          | Part 5           | : Total business-related property, line 45   | \$0.00                      |                             |                         |
| 60.          | Part 6           | : Total farm- and fishing-related property, line 52  | \$0.00                      |                             |                         |
| 61.          | Part 7           | : Total other property not listed, line 54 +   | \$0.00                      |                             |                         |
| 62.          | Total            | personal property. Add lines 56 through 61   | \$21,294.00                 | Copy personal property to   | otal <b>\$21,294.00</b> |
| 63.          | Total            | of all property on Schedule A/B. Add line 55 + line 62   |                             |                             | \$21,294.00             |

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| Fill in this info   | ill in this information to identify your case: |             |           |                                      |  |  |  |
|---------------------|--|-------------|-----------|--------------------------------------|--|--|--|
| Debtor 1            |  |             |           |                                      |  |  |  |
|                     | First Name                                     | Middle Name | Last Name |                                      |  |  |  |
| Debtor 2            | KRISTINA K ROU                                 | ТН          |           |                                      |  |  |  |
| (Spouse if, filing) | First Name                                     | Middle Name | Last Name |                                      |  |  |  |
| United States E     |  |             |           |                                      |  |  |  |
| Case number         | Case number 16-12003                           |             |           |                                      |  |  |  |
| (if known)          |  |             |           | ☐ Check if this is an amended filing |  |  |  |

#### Official Form 106C

#### Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

|    | Li You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)              |                                      |     |   |                                    |  |  |  |  |
|----|--|--------------------------------------|-----|---|------------------------------------|--|--|--|--|
|    | ■ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)                                       |                                      |     |   |                                    |  |  |  |  |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |                                      |     |   |                                    |  |  |  |  |
|    | Brief description of the property and line on<br>Schedule A/B that lists this property             | Current value of the portion you own | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption |  |  |  |  |
|    |  | Copy the value from<br>Schedule A/B  | Che | eck only one box for each exemption.                            |                                    |  |  |  |  |
|    | Household Goods Line from Schedule A/B: 6.1  | \$1,000.00                           |     | \$1,000.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |  |
|    | Ellie Holli ossiodale 772. eri   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
|    | Springfield 45 Caliber Line from Schedule A/B: 10.1  | \$300.00                             |     | \$300.00  | 11 U.S.C. § 522(d)(5)              |  |  |  |  |
|    | Ellie Holli ossiodale 772. Terr  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
|    | Clothes Line from Schedule A/B: 11.1   | \$200.00                             |     | \$200.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |  |
|    | Ellie Holli odiloddie 702.   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
|    | Checking: US Bank Account #0804<br>Opened 11/16/2015   | \$0.00                               |     | \$0.00  | 11 U.S.C. § 522(d)(5)              |  |  |  |  |
|    | Line from Schedule A/B: 17.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
|    | Business Checking: US Bank<br>Account #3613  | \$844.00                             |     | \$844.00  | 11 U.S.C. § 522(d)(5)              |  |  |  |  |
|    | Line from Schedule A/B: 17.2   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |

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| Debtor 1<br>Debtor 2 | DAKOTA D ROUTH<br>KRISTINA K ROUTH   |                                      |        | Case number (if known)  | 16-12003                           |  |
|----------------------|--|--------------------------------------|--------|---|------------------------------------|--|
|                      | f description of the property and line on edule A/B that lists this property   | Current value of the portion you own | Am     | ount of the exemption you claim                                 | Specific laws that allow exemption |  |
|                      |  | Copy the value from<br>Schedule A/B  | Che    | eck only one box for each exemption.                            |                                    |  |
|                      | Refund   | Unknown                              |        |   | 11 U.S.C. § 522(d)(5)              |  |
| Line                 | from Schedule A/B: 28.1  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|                      | Refund Earned Income Credit  | Unknown                              |        |   | 11 U.S.C. § 522(d)(5)              |  |
| Line                 | from Schedule A/B: 28.2  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|                      | you claiming a homestead exemption<br>oject to adjustment on 4/01/19 and every |                                      |        | led on or after the date of adjustmer                           | nt.)                               |  |
|                      | No   |                                      |        |   |                                    |  |
|                      | Yes. Did you acquire the property cover  | red by the exemption wi              | thin 1 | ,215 days before you filed this case                            | ?                                  |  |
|                      | □ No   |                                      |        |   |                                    |  |
|                      | □ Ves  |                                      |        |   |                                    |  |

| C  | ase 10-120                                   | 03-abi Doc 11 Entered  | 1 05/13/.     | 10 05.12.50                       | Page 14 01 50                          |                   |
|--|--|--|---------------|-----------------------------------|--|-------------------|
| Fill in this information                       | on to identify you                           | ur case:   |               |                                   |  |                   |
|  | AKOTA D RO                                   |  |               |                                   |  |                   |
|  | irst Name<br>(RISTINA K RO                   |  | ast Name      |                                   |  |                   |
|  | irst Name                                    |  | ast Name      |                                   |  |                   |
| United States Bankrup                          | ptcy Court for the                           | : DISTRICT OF NEVADA   |               |                                   |  |                   |
| Case number 16-1                               | 2003   |  |               |                                   |  |                   |
| (if known)                                     |  |  |               |                                   |  | if this is an     |
|  |  |  |               |                                   | ameno                                  | led filing        |
| Official Form 10                               | 06D  |  |               |                                   |  |                   |
| Schedule D:                                    | Creditors                                    | Who Have Claims Se   | ecured        | by Property                       | У                                      | 12/15             |
|  |  | If two married people are filing together, I out, number the entries, and attach it to the     |               |                                   |  |                   |
| 1. Do any creditors have                       | claims secured b                             | y your property?   |               |                                   |  |                   |
| ☐ No. Check this                               | box and submit t                             | his form to the court with your other sch  | nedules. You  | u have nothing else to            | report on this form.                   |                   |
| Yes. Fill in all o                             | of the information                           | below.   |               |                                   |  |                   |
| Part 1: List All Se                            | cured Claims                                 |  |               |                                   |  |                   |
|  |  | more than one secured claim, list the credito  |               | Column A                          | Column B                               | Column C          |
|  |  | s a particular claim, list the other creditors in ical order according to the creditor's name. | Part 2. As    | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
|  |  |  |               | value of collateral.              | claim                                  | If any            |
| 2.1 Ally Financial Creditor's Name             | <u> </u>                                     | Describe the property that secures the   |               | \$26,983.00                       | \$18,950.00                            | \$8,033.00        |
| Ground o Hame                                  |  | 2013 Cadillac ATS 55000 miles  |               |                                   |  |                   |
| 000 D  |  | As of the date you file, the claim is: Chec  | ck all that   |                                   |  |                   |
| 200 Renaissa<br>Detroit, MI 48                 |  | apply.  Contingent   |               |                                   |  |                   |
| Number, Street, City,                          |  | ☐ Unliquidated   |               |                                   |  |                   |
|  | ·  | ☐ Disputed   |               |                                   |  |                   |
| Who owes the debt?                             | Check one.                                   | Nature of lien. Check all that apply.  |               |                                   |  |                   |
| ■ Debtor 1 only                                |  | ☐ An agreement you made (such as mort  | tgage or secu | red                               |  |                   |
| Debtor 2 only                                  |  | car loan)  |               |                                   |  |                   |
| ☐ Debtor 1 and Debtor                          | 2 only                                       | ☐ Statutory lien (such as tax lien, mechan   | nic's lien)   |                                   |  |                   |
| At least one of the de                         | btors and another                            | ☐ Judgment lien from a lawsuit   |               |                                   |  |                   |
| ☐ Check if this claim r community debt         | relates to a                                 | Other (including a right to offset)  |               |                                   |  |                   |
| Date debt was incurred                         | Opened<br>11/07/13<br>Last Active<br>2/27/16 | Last 4 digits of account number  | 0835          |                                   |  |                   |
|  |  |  |               |                                   |  |                   |
| Add the dollar value of                        | of your entries in C                         | Column A on this page. Write that number   | here:         | \$26,98                           | 3.00                                   |                   |
| If this is the last page Write that number her |  | the dollar value totals from all pages.  |               | \$26,98                           | 3.00                                   |                   |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

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|   | Case 10-12003-abi   | Doc 11 Littered 03  | /13/10 (                     | 03.12.30 F                                    | age 13 01 30   |  |
|---|---|---|------------------------------|---|--|--|
| Fill in this inform   | mation to identify your case:   |   |                              |   |  |  |
| Debtor 1  | DAKOTA D ROUTH  |   |                              |   |  |  |
| Debtor  |   | Middle Name Last Nar  | ne                           |   |  |  |
| Debtor 2  | KRISTINA K ROUTH  |   |                              |   |  |  |
| (Spouse if, filing)   | First Name  | Middle Name Last Nar  | ne                           |   |  |  |
| United States Ba  | nkruptcy Court for the: DISTI   | RICT OF NEVADA  |                              |   |  |  |
| Case number   | 16-12003  |   |                              |   |  |  |
| (if known)  | 10-12003  |   |                              |   | ☐ Check  | if this is an                              |
|   |   |   |                              |   | amend  | led filing                                 |
| O#: =: = 1 = = ==   | ·· 4005/5   |   |                              |   |  |  |
| Official Forn   |   |   |                              |   |  | 40/45                                      |
|   |   | lave Unsecured Claim for creditors with PRIORITY claims   |                              |   |  | 12/15                                      |
| Schedule G: Execu<br>Schedule D: Credit<br>left. Attach the Cor<br>name and case nu | atory Contracts and Unexpired Lea<br>tors Who Have Claims Secured by<br>ntinuation Page to this page. If you                  | Ild result in a claim. Also list execut ses (Official Form 106G). Do not inc Property. If more space is needed, c have no information to report in a F  | lude any cre<br>opy the Part | ditors with partially tyou need, fill it out, | secured claims that a<br>number the entries in                 | are listed in n the boxes on the           |
|   | ors have priority unsecured claims  |   |                              |   |  |  |
| □ No. Go to F   | • •   | agamst you.   |                              |   |  |  |
| Yes.  | u. 2.   |   |                              |   |  |  |
| identify what ty<br>possible, list th<br>Part 1. If more                            | pe of claim it is. If a claim has both p<br>le claims in alphabetical order accord<br>than one creditor holds a particular of | editor has more than one priority unsectification and nonpriority amounts, list that ing to the creditor's name. If you have elaim, list the other creditors in Part 3. Instructions for this form in the instruction | claim here a<br>more than tw | nd show both priority                         | and nonpriority amoun<br>laims, fill out the Conti<br>Priority | ts. As much as nuation Page of Nonpriority |
| 2.1 Interna   | I Revenue Service   | Last 4 digits of account numbe  | r                            | \$5,000.00                                    | amount<br>\$1,000.00   | amount \$4,000.00                          |
| •   | reditor's Name  | _   | 0000                         |   |  | -  |
| PO Box<br>Philade   | ( 7346<br>elphia, PA 19101-7346   | When was the debt incurred?   | 2003                         |   | _  |  |
|   | Street City State Zlp Code  | As of the date you file, the claim  | n is: Check a                | all that apply                                |  |  |
| Who incurre   | d the debt? Check one.  | ☐ Contingent  |                              |   |  |  |
| Debtor 1 o  | only  | ☐ Unliquidated  |                              |   |  |  |
| Debtor 2 of   | only  | ☐ Disputed  |                              |   |  |  |
| Debtor 1 a  | and Debtor 2 only   | Type of PRIORITY unsecured c  | laim:                        |   |  |  |
| ☐ At least or   | ne of the debtors and another   | ☐ Domestic support obligations  |                              |   |  |  |
| Check if t  | this claim is for a community debt  | Taxes and certain other debts   | you owe the                  | government                                    |  |  |
|   | subject to offset?  | Claims for death or personal in   |                              |   |  |  |
| ■ No  | •   | Other. Specify  |                              |   |  |  |
| ☐ Yes   |   | Tax Debt  |                              |   |  |  |
| Part 2: List A  | II of Your NONPRIORITY Unse   | ecured Claims   |                              |   |  |  |
|   | ors have nonpriority unsecured cla  |   |                              |   |  |  |
|   |   | nit this form to the court with your other  | schedules.                   |   |  |  |
| Yes.  |   |   |                              |   |  |  |
| unsecured clai  | m, list the creditor separately for each  | the alphabetical order of the creditor<br>n claim. For each claim listed, identify v<br>her creditors in Part 3.If you have more  | vhat type of c               | laim it is. Do not list cl                    | aims already included  | in Part 1. If more                         |

Total claim

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|     | or 1 DAKOTA D ROUTH or 2 KRISTINA K ROUTH                                     |  | Case number (if know) 16-12003               |          |  |  |  |
|-----|---|--|--|----------|--|--|--|
| 4.1 | Aargon Collection Agen  | Last 4 digits of account number  | 9487   | \$271.00 |  |  |  |
|     | Nonpriority Creditor's Name<br>8668 Spring Mountain Rd<br>Las Vegas, NV 89117 | When was the debt incurred?  | Opened 10/27/15                              |          |  |  |  |
|     | Number Street City State Zlp Code  Who incurred the debt? Check one.          | As of the date you file, the claim   | is: Check all that apply                     |          |  |  |  |
|     | Debtor 1 only   | ☐ Contingent   |  |          |  |  |  |
|     | ☐ Debtor 2 only   | ☐ Unliquidated   |  |          |  |  |  |
|     | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |          |  |  |  |
|     | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecure   | d claim:                                     |          |  |  |  |
|     | ☐ Check if this claim is for a community                                      | ☐ Student loans  |  |          |  |  |  |
|     | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims                                     | ration agreement or divorce that you did not |          |  |  |  |
|     | No  | Debts to pension or profit-sharing   | g plans, and other similar debts             |          |  |  |  |
|     | Yes   | Other. Specify Collection  | Attorney Six Flags Membership                |          |  |  |  |
| 4.2 | Advantage Financial Se  | Last 4 digits of account number  | 7027   | \$37.00  |  |  |  |
|     | Nonpriority Creditor's Name 10 S Cole Rd Boise, ID 83709                      | When was the debt incurred?  | Opened 1/10/14                               |          |  |  |  |
|     | Number Street City State Zlp Code Who incurred the debt? Check one.           | As of the date you file, the claim   | is: Check all that apply                     |          |  |  |  |
|     | ■ Debtor 1 only   | ☐ Contingent   |  |          |  |  |  |
|     | Debtor 2 only   | ☐ Unliquidated   |  |          |  |  |  |
|     | ☐ Debtor 1 and Debtor 2 only  |  |  |          |  |  |  |
|     | ☐ At least one of the debtors and another                                     | d claim:   |  |          |  |  |  |
|     | ☐ Check if this claim is for a community                                      | ☐ Student loans  |  |          |  |  |  |
|     | debt<br>Is the claim subject to offset?                                       | Obligations arising out of a separeport as priority claims                                     | ration agreement or divorce that you did not |          |  |  |  |
|     | ■ No  | Debts to pension or profit-sharing   |  |          |  |  |  |
|     | Yes   | ■ Other. Specify Collection  | Attorney Boise Radiology Grou                |          |  |  |  |
| 4.3 | Advfinsrvinc Nonpriority Creditor's Name                                      | Last 4 digits of account number  | 3830   | \$317.00 |  |  |  |
|     | 10 S. Cole Rd.<br>Boise, ID 83709   | When was the debt incurred?  | Opened 8/26/13                               |          |  |  |  |
|     | Number Street City State Zlp Code Who incurred the debt? Check one.           | As of the date you file, the claim   | is: Check all that apply                     |          |  |  |  |
|     | Debtor 1 only   | ☐ Contingent   |  |          |  |  |  |
|     | ☐ Debtor 2 only   | ☐ Unliquidated   |  |          |  |  |  |
|     | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |          |  |  |  |
|     | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecure   |  |          |  |  |  |
|     | ☐ Check if this claim is for a community                                      |  |  |          |  |  |  |
|     | debt  |  | ration agreement or divorce that you did not |          |  |  |  |
|     | Is the claim subject to offset?   | report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts |  |          |  |  |  |
|     | ■ No  | · · · · · · · · · · · · · · · · · · ·  |  |          |  |  |  |
|     | Yes   | Other. Specify Collection  | WIEGT UZ BOISE KADIOI                        |          |  |  |  |

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|     | 1 DAKOTA D ROUTH 2 KRISTINA K ROUTH   |   | Case number (if know) 16-12003               |          |  |  |
|-----|---|---|--|----------|--|--|
| 4.4 | Affiliated  | Last 4 digits of account number   | 0141   | \$0.00   |  |  |
|     | Nonpriority Creditor's Name Po Box 790001 Sunrise Beach, MO 65079             | - Last 4 digits of associate frames   | <del></del>                                  | *****    |  |  |
|     |   | When was the debt incurred?   | Opened 11/05/09 Last Active 12/21/09         |          |  |  |
|     | Number Street City State Zlp Code  Who incurred the debt? Check one.          | As of the date you file, the claim  | s: Check all that apply                      |          |  |  |
|     | ■ Debtor 1 only   | ☐ Contingent  |  |          |  |  |
|     | Debtor 2 only   | ☐ Unliquidated  |  |          |  |  |
|     | ☐ Debtor 1 and Debtor 2 only  | □ Disputed  |  |          |  |  |
|     | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured   | d claim:                                     |          |  |  |
|     | ☐ Check if this claim is for a community                                      | ☐ Student loans   |  |          |  |  |
|     | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims  | ration agreement or divorce that you did not |          |  |  |
|     | No  | Debts to pension or profit-sharing  | g plans, and other similar debts             |          |  |  |
|     | Yes   | Other. Specify Installment  | Sales Contract                               |          |  |  |
| 4.5 | Affiliated  | Last 4 digits of account number   | 0142   | \$0.00   |  |  |
|     | Nonpriority Creditor's Name   | _   | 0 144/05/00 1 144/1                          |          |  |  |
|     | Po Box 790001<br>Sunrise Beach, MO 65079                                      | When was the debt incurred?   | Opened 11/05/09 Last Active 2/22/10          |          |  |  |
|     | Number Street City State Zlp Code  Who incurred the debt? Check one.          | As of the date you file, the claim  | s: Check all that apply                      |          |  |  |
|     | Debtor 1 only   | ☐ Contingent  |  |          |  |  |
|     | ☐ Debtor 2 only   | ☐ Unliquidated  |  |          |  |  |
|     | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |          |  |  |
|     | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured   | d claim:                                     |          |  |  |
|     | ☐ Check if this claim is for a community                                      | ☐ Student loans   |  |          |  |  |
|     | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims  |  |          |  |  |
|     | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts             |          |  |  |
|     | Yes   | Other. Specify Installment  | Sales Contract                               |          |  |  |
| 4.6 | Afni, Inc. Nonpriority Creditor's Name  | Last 4 digits of account number   | 6072   | \$463.00 |  |  |
|     | Po Box 3097   | When was the debt incurred?   | Opened 2/11/16 Last Active 5/01/15           |          |  |  |
|     | Number Street City State Zlp Code   | As of the date you file, the claim  | s: Check all that apply                      |          |  |  |
|     | Who incurred the debt? Check one.   | _   |  |          |  |  |
|     | Debtor 1 only   | ☐ Contingent  |  |          |  |  |
|     | Debtor 2 only   | Unliquidated  |  |          |  |  |
|     | ☐ Debtor 1 and Debtor 2 only  | Disputed  |  |          |  |  |
|     | At least one of the debtors and another                                       | Type of NONPRIORITY unsecured  ☐ Student loans  |  |          |  |  |
|     | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |  |          |  |  |
|     | No  | Debts to pension or profit-sharin   | g plans, and other similar debts             |          |  |  |
|     | Yes   | ■ Other. Specify Collection   | •  |          |  |  |
|     | <b>□</b> 169  | Other. Specify  | Attorney Dian Network                        |          |  |  |

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|     | DAKOTA D ROUTH KRISTINA K ROUTH  |   | Case number (if know) 16-12003               |             |  |  |
|-----|--|---|--|-------------|--|--|
| 4.7 | Allon 8 Acoo   | Last 4 digits of account number                                     | 1625   | ¢44.025.00  |  |  |
|     | Allen & Asoc  Nonpriority Creditor's Name  147 Willis Avenue Mineola, NY 11501 | Last 4 digits of account number                                     |  | \$14,035.00 |  |  |
|     |  | When was the debt incurred?   | Opened 7/23/14 Last Active 3/16/15           |             |  |  |
|     | Number Street City State Zlp Code  Who incurred the debt? Check one.           | As of the date you file, the claim i                                | s: Check all that apply                      |             |  |  |
|     | Debtor 1 only  | ☐ Contingent  |  |             |  |  |
|     | Debtor 2 only  | ☐ Unliquidated  |  |             |  |  |
|     | Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |             |  |  |
|     | At least one of the debtors and another  | Type of NONPRIORITY unsecured                                       | I claim:                                     |             |  |  |
|     | ☐ Check if this claim is for a community                                       | Student loans   |  |             |  |  |
|     | debt<br>Is the claim subject to offset?  | report as priority claims   | ration agreement or divorce that you did not |             |  |  |
|     | No   | Debts to pension or profit-sharin                                   | g plans, and other similar debts             |             |  |  |
|     | Yes  | Other. Specify Collection   | Capital Payments Llc                         |             |  |  |
|     | Allen & Asoc<br>Nonpriority Creditor's Name                                    | Last 4 digits of account number                                     | 9544   | \$1,230.00  |  |  |
|     | 147 Willis Avenue<br>Mineola, NY 11501   | When was the debt incurred?   | Opened 7/23/14 Last Active 3/16/15           |             |  |  |
|     | Number Street City State Zlp Code  Who incurred the debt? Check one.           | As of the date you file, the claim i                                | s: Check all that apply                      |             |  |  |
|     | ■ Debtor 1 only  | ☐ Contingent  |  |             |  |  |
|     | Debtor 2 only  | ☐ Unliquidated  |  |             |  |  |
|     | Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |             |  |  |
|     | At least one of the debtors and another  | Type of NONPRIORITY unsecured                                       |  |             |  |  |
|     | ☐ Check if this claim is for a community                                       | Student loans   |  |             |  |  |
|     | debt<br>Is the claim subject to offset?  | Obligations arising out of a sepa<br>report as priority claims      |  |             |  |  |
|     | No   | Debts to pension or profit-sharin                                   |  |             |  |  |
|     | Yes  | Other. Specify Collection   | Capital Payments Llc                         |             |  |  |
|     | Allen & Asoc Nonpriority Creditor's Name                                       | Last 4 digits of account number                                     | 1633   | \$572.00    |  |  |
|     | 147 Willis Avenue<br>Mineola, NY 11501   | When was the debt incurred?   | Opened 7/31/14 Last Active 3/16/15           |             |  |  |
|     | Number Street City State Zlp Code  Who incurred the debt? Check one.           | As of the date you file, the claim i                                | s: Check all that apply                      |             |  |  |
|     | Debtor 1 only  | ☐ Contingent  |  |             |  |  |
|     | Debtor 2 only  | ☐ Unliquidated  |  |             |  |  |
|     | ☐ Debtor 1 and Debtor 2 only ☐ Disputed  |   |  |             |  |  |
|     | At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  ☐ Student loans               |  |             |  |  |
|     | Check if this claim is for a community   |   |  |             |  |  |
|     | debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a sepa report as priority claims       | ration agreement or divorce that you did not |             |  |  |
|     | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts |  |             |  |  |
|     | Yes  | Other. Specify Collection   | Capital Payments Llc                         |             |  |  |

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|          | or 1 DAKOTA D ROUTH or 2 KRISTINA K ROUTH                            |   | Case number (if know) 16-12003                |          |  |
|----------|--|---|---|----------|--|
| 4.1      | Allen & Asoc   | Last 4 digits of account number   | 1617  | \$490.00 |  |
|          | Nonpriority Creditor's Name  | _   |   |          |  |
|          | 147 Willis Avenue<br>Mineola, NY 11501                               | When was the debt incurred?   | Opened 7/31/14 Last Active 3/16/15            |          |  |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim  | is: Check all that apply                      |          |  |
|          | ■ Debtor 1 only  | ☐ Contingent  |   |          |  |
|          | Debtor 2 only  | ☐ Unliquidated  |   |          |  |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |          |  |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure  | d claim:                                      |          |  |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans   |   |          |  |
|          | debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims                    | ration agreement or divorce that you did not  |          |  |
|          | No   | Debts to pension or profit-sharing  | g plans, and other similar debts              |          |  |
|          | Yes  | Other. Specify Collection   | Capital Payments Llc                          |          |  |
| 4.1      | Allen & Asoc   | Last 4 digits of account number   | 3652  | \$394.00 |  |
|          | Nonpriority Creditor's Name  |   | Opened 7/23/14 Last Active                    |          |  |
|          | 147 Willis Avenue<br>Mineola, NY 11501                               | When was the debt incurred?   | 3/16/15                                       |          |  |
|          | Number Street City State Zlp Code                                    | As of the date you file, the claim  | is: Check all that apply                      |          |  |
|          | Who incurred the debt? Check one.                                    |   |   |          |  |
|          | ■ Debtor 1 only  | ☐ Contingent  |   |          |  |
|          | Debtor 2 only  | ☐ Unliquidated  |   |          |  |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |          |  |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured   | d claim:                                      |          |  |
|          | ☐ Check if this claim is for a community debt                        | <ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul> |   |          |  |
|          | Is the claim subject to offset?                                      | report as priority claims   |   |          |  |
|          | No   | Debts to pension or profit-sharing  |   |          |  |
|          | Yes  | Other. Specify Collection   | Capital Payments Llc                          |          |  |
| 4.1<br>2 | Amex   | Last 4 digits of account number   | 3633  | \$0.00   |  |
|          | Nonpriority Creditor's Name P.O. Box 981537 El Paso, TX 79998        | When was the debt incurred?   | Opened 9/06/84                                |          |  |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim  | is: Check all that apply                      |          |  |
|          | ■ Debtor 1 only  | ☐ Contingent  |   |          |  |
|          | Debtor 2 only  | ☐ Unliquidated  |   |          |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |          |  |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure  | d claim:                                      |          |  |
|          | ☐ Check if this claim is for a community                             | Student loans   |   |          |  |
|          | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims                  | aration agreement or divorce that you did not |          |  |
|          | ■ No   | Debts to pension or profit-sharing  | g plans, and other similar debts              |          |  |
|          | Yes  | Other Specify     Credit Card   |   |          |  |
|          |  |   |   |          |  |

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| Debte<br>Debte | or 1 DAKOTA D ROUTH or 2 KRISTINA K ROUTH                                     |   | Case number (if know) 16-12003                |            |  |  |
|----------------|---|---|---|------------|--|--|
| 4.1<br>3       | Bonneville Collections  | Last 4 digits of account number   | 0516  | \$2,983.00 |  |  |
|                | Nonpriority Creditor's Name   | _   |   |            |  |  |
|                | 6026 Fashion Point Dr<br>South Ogden, UT 84403                                | When was the debt incurred?   | Opened 10/08/13 Last Active 4/01/13           |            |  |  |
|                | Number Street City State Zlp Code Who incurred the debt? Check one.           | As of the date you file, the claim  | s: Check all that apply                       |            |  |  |
|                | Debtor 1 only   | ☐ Contingent  |   |            |  |  |
|                | Debtor 2 only   | ☐ Unliquidated  |   |            |  |  |
|                | Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |  |  |
|                | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecure  | d claim:                                      |            |  |  |
|                | ☐ Check if this claim is for a community                                      | ☐ Student loans   |   |            |  |  |
|                | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims                      | ration agreement or divorce that you did not  |            |  |  |
|                | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts              |            |  |  |
| ☐ Yes          | ☐ Yes   | Other. Specify Collection   | Attorney Anesthesia Associate                 |            |  |  |
| 4.1            | Bonneville Collections  | Last 4 digits of account number   | 1158  | \$2,059.00 |  |  |
|                | Nonpriority Creditor's Name<br>6026 Fashion Point Dr<br>South Ogden, UT 84403 | When was the debt incurred?   | Opened 8/20/12                                |            |  |  |
|                | Number Street City State Zlp Code  Who incurred the debt? Check one.          | As of the date you file, the claim  | s: Check all that apply                       |            |  |  |
|                | Debtor 1 only   | ☐ Contingent  |   |            |  |  |
|                | ■ Debtor 2 only   | ☐ Unliquidated  |   |            |  |  |
|                | Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |  |  |
|                | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecure  | d claim:                                      |            |  |  |
|                | ☐ Check if this claim is for a community                                      | ☐ Student loans   |   |            |  |  |
|                | debt  | ☐ Obligations arising out of a sepa   | aration agreement or divorce that you did not |            |  |  |
|                | Is the claim subject to offset?   | report as priority claims   | ,   |            |  |  |
|                | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts              |            |  |  |
|                | Yes   | Other. Specify Collection   | Attorney Stanley Waters Md                    |            |  |  |
| 4.1<br>5       | Bonneville Collections  | Last 4 digits of account number   | 0501  | \$746.00   |  |  |
|                | Nonpriority Creditor's Name   |   | Opened 40/00/42 Leet Active                   |            |  |  |
|                | 6026 Fashion Point Dr<br>South Ogden, UT 84403                                | When was the debt incurred?   | Opened 10/09/12 Last Active 3/01/12           |            |  |  |
|                | Number Street City State Zlp Code   | As of the date you file, the claim  | s: Check all that apply                       |            |  |  |
|                | Who incurred the debt? Check one.   |   |   |            |  |  |
|                | Debtor 1 only   | ☐ Contingent  |   |            |  |  |
|                | Debtor 2 only   | ☐ Unliquidated  |   |            |  |  |
|                | Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |  |  |
|                | lacksquare At least one of the debtors and another                            | ☐ Obligations arising out of a separation agreement or divorce that you did not |   |            |  |  |
|                | ☐ Check if this claim is for a community debt                                 |   |   |            |  |  |
|                | Is the claim subject to offset?   | report as priority claims   |   |            |  |  |
|                | No  | Debts to pension or profit-sharing  | • •   |            |  |  |
|                | Yes   | Other. Specify Collection   | Attorney Anesthesia Associate                 |            |  |  |

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|          | or 1 DAKOTA D ROUTH or 2 KRISTINA K ROUTH                           |  | Case number (if know) 16-12003               |          |
|----------|---|--|--|----------|
| 4.1<br>6 | Bonneville Collections  | Last 4 digits of account number                            | 6728   | \$457.00 |
|          | Nonpriority Creditor's Name   |  | Opened 10/24/14 Lept Active                  |          |
|          | 6026 Fashion Point Dr<br>South Ogden, UT 84403                      | When was the debt incurred?                                | Opened 10/24/14 Last Active 1/01/14          |          |
|          | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim                         | s: Check all that apply                      |          |
|          | Debtor 1 only   | ☐ Contingent   |  |          |
|          | Debtor 2 only   | ☐ Unliquidated   |  |          |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |          |
|          | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecure                               | d claim:                                     |          |
|          | ☐ Check if this claim is for a community                            | ☐ Student loans  |  |          |
|          | debt Is the claim subject to offset?                                | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |          |
|          | ■ No  | Debts to pension or profit-sharing                         | g plans, and other similar debts             |          |
|          | Yes   | Other. Specify Collection                                  | Attorney J Scott Bobst Dds                   |          |
| 4.1<br>7 | Bonneville Collections  | Last 4 digits of account number                            | 6640   | \$339.00 |
|          | Nonpriority Creditor's Name   | _  | Opened 40/24/44 Leat Active                  |          |
|          | 6026 Fashion Point Dr<br>South Ogden, UT 84403                      | When was the debt incurred?                                | Opened 10/24/14 Last Active 2/01/14          |          |
|          | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim                         |  |          |
|          | ☐ Debtor 1 only   | ☐ Contingent   |  |          |
|          | ■ Debtor 2 only   | ☐ Unliquidated   |  |          |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |          |
|          | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured                              | d claim:                                     |          |
|          | ☐ Check if this claim is for a community                            | ☐ Student loans  |  |          |
|          | debt<br>Is the claim subject to offset?                             | Obligations arising out of a separeport as priority claims |  |          |
|          | ■ No  | Debts to pension or profit-sharing                         |  |          |
|          | Yes   | Other. Specify Collection                                  | Attorney J Scott Bobst Dds                   |          |
| 4.1<br>8 | Capital One Bank Usa N  | Last 4 digits of account number                            | 1310   | \$882.00 |
|          | Nonpriority Creditor's Name   |  | Opened 7/26/12 Last Active                   |          |
|          | 15000 Capital One Dr<br>Richmond, VA 23238                          | When was the debt incurred?                                | 12/01/15                                     |          |
|          | Number Street City State Zlp Code                                   | As of the date you file, the claim                         | s: Check all that apply                      |          |
|          | Who incurred the debt? Check one.                                   |  |  |          |
|          | Debtor 1 only   | ☐ Contingent   |  |          |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |  |          |
|          | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |          |
|          | $\square$ At least one of the debtors and another                   | Type of NONPRIORITY unsecure                               | d claim:                                     |          |
|          | ■ Check if this claim is for a community                            | ☐ Student loans  |  |          |
|          | debt  |  | ration agreement or divorce that you did not |          |
|          | Is the claim subject to offset?                                     | report as priority claims                                  | and the same that the                        |          |
|          | No  | Debts to pension or profit-sharin                          |  |          |
|          | ☐ Yes   | Other. Specify Credit Card                                 | <u> </u>                                     |          |

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| Debto<br>Debto | or 1 DAKOTA D ROUTH or 2 KRISTINA K ROUTH                                      |   | Case number (if know) 16-12003               |          |
|----------------|--|---|--|----------|
| 4.1<br>9       | Capital One Bank Usa N   | Last 4 digits of account number   | 2327   | \$387.00 |
|                | Nonpriority Creditor's Name 15000 Capital One Dr Richmond, VA 23238            | When was the debt incurred?   | Opened 3/02/15 Last Active 2/22/16           |          |
|                | Number Street City State Zlp Code  Who incurred the debt? Check one.           | As of the date you file, the claim  | s: Check all that apply                      |          |
|                | ☐ Debtor 1 only ☐ Debtor 2 only ☐  | ☐ Contingent☐ Unliquidated☐   |  |          |
|                | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another         | ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans   | d claim:                                     |          |
|                | ☐ Check if this claim is for a community debt  Is the claim subject to offset? |   | ration agreement or divorce that you did not |          |
|                | ■ No □ Yes   | ☐ Debts to pension or profit-sharin ☐ Other. Specify Credit Card                                  |  |          |
| 4.2<br>0       | Capital One Bank Usa N   | Last 4 digits of account number   | 0479   | \$0.00   |
|                | Nonpriority Creditor's Name 15000 Capital One Dr Richmond, VA 23238            | When was the debt incurred?   | Opened 1/30/11 Last Active 7/01/14           |          |
|                | Number Street City State Zlp Code Who incurred the debt? Check one.            | As of the date you file, the claim  |  |          |
|                | Debtor 1 only  | ☐ Contingent  |  |          |
|                | ☐ Debtor 2 only  | ☐ Unliquidated  |  |          |
|                | Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |          |
|                | $\square$ At least one of the debtors and another                              | Type of NONPRIORITY unsecured   | d claim:                                     |          |
|                | Check if this claim is for a community   | Student loans   |  |          |
|                | debt Is the claim subject to offset?  No                                       | ☐ Obligations arising out of a sepa report as priority claims ☐ Debts to pension or profit-sharin |  |          |
|                | ☐ Yes  | ■ Other. Specify  | g plans, and outer similar debts             |          |
| 4.2            | Cbna Nonpriority Creditor's Name   | Last 4 digits of account number   | 2277   | \$801.00 |
|                | Po Box 6497<br>Sioux Falls, SD 57117   | When was the debt incurred?   | Opened 11/30/14 Last Active 2/01/15          |          |
|                | Number Street City State Zlp Code Who incurred the debt? Check one.            | As of the date you file, the claim  | s: Check all that apply                      |          |
|                | ■ Debtor 1 only  | ☐ Contingent  |  |          |
|                | Debtor 2 only  | ☐ Unliquidated  |  |          |
|                | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |          |
|                | lacksquare At least one of the debtors and another                             | Type of NONPRIORITY unsecured   | d claim:                                     |          |
|                | ☐ Check if this claim is for a community debt  Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims                      |  |          |
|                | No   | Debts to pension or profit-sharin   | g plans, and other similar debts             |          |
|                | ☐ Yes  | ·   |  |          |
|                | ☐ res  | Other. Specify Charge Acc   | Juill  |          |

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|          | r 1 DAKOTA D ROUTH r 2 KRISTINA K ROUTH                                       |  | Case number (if know) 16-12003                |              |
|----------|---|--|---|--------------|
| 4.2<br>2 | Cbna  | Last 4 digits of account number  | 2038  | \$590.00     |
|          | Nonpriority Creditor's Name  Po Box 6497  Sioux Falls, SD 57117               | When was the debt incurred?  | Opened 11/30/14 Last Active 1/29/16           |              |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.           | As of the date you file, the claim   | is: Check all that apply                      |              |
|          | ☐ Debtor 1 only ☐ Debtor 2 only   | ☐ Contingent ☐ Unliquidated  |   |              |
|          | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another        | ☐ Disputed  Type of NONPRIORITY unsecure                                     | d claim:                                      |              |
|          | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |              |
|          | ■ No  | Debts to pension or profit-sharin  |   |              |
|          | Yes   | Other. Specify Charge Acc  | count   |              |
| 4.2      | Ccs/Cortrust Bank   | Last 4 digits of account number  | 1361  | \$0.00       |
|          | Nonpriority Creditor's Name Po Box 7030 Mitchell, SD 57301                    | When was the debt incurred?  | Opened 5/13/08 Last Active 8/13/12            |              |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.           | As of the date you file, the claim   | is: Check all that apply                      |              |
|          | Debtor 1 only   | ☐ Contingent   |   |              |
|          | ■ Debtor 2 only   | ☐ Unliquidated   |   |              |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |              |
|          | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecure   | d claim:                                      |              |
|          | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |              |
|          | ■ No  | ☐ Debts to pension or profit-sharing   | g plans, and other similar debts              |              |
|          | ☐ Yes   | Other. Specify Credit Card   | I   |              |
| 4.2      | Central Park Plaza Partnership C/O<br>Nahas                                   | Last 4 digits of account number  |   | \$600,000.00 |
|          | Nonpriority Creditor's Name 701 E. State St Ste 150 Eagle. ID 83616           | When was the debt incurred?  | 6/9/2014                                      |              |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.          | As of the date you file, the claim   | is: Check all that apply                      |              |
|          | Debtor 1 only   | ☐ Contingent   |   |              |
|          | Debtor 2 only   | ☐ Unliquidated   |   |              |
|          | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |              |
|          | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecure   | d claim:                                      |              |
|          | ☐ Check if this claim is for a community                                      | ☐ Student loans  |   |              |
|          | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims                   | aration agreement or divorce that you did not |              |
|          | No  | Debts to pension or profit-sharir  | g plans, and other similar debts              |              |
|          | □ Yes   | Other. Specify   |   |              |
|          |   |  |   |              |

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| Debtor<br>Debtor | 1 DAKOTA D ROUTH<br>2 KRISTINA K ROUTH   |  | Case number (if know) 16-12003               |          |
|------------------|--|--|--|----------|
| 4.2<br>5         | CentryLink   | Last 4 digits of account number                              | 8700   | \$170.00 |
|                  | Nonpriority Creditor's Name P.O. Box 4300 Carol Stream, IL 60197               | When was the debt incurred?                                  | 3/1/2016                                     |          |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.           | As of the date you file, the claim                           | s: Check all that apply                      |          |
|                  | Debtor 1 only  | ☐ Contingent   |  |          |
|                  | Debtor 2 only  | ☐ Unliquidated   |  |          |
|                  | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |          |
|                  | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured                                | d claim:                                     |          |
|                  | ☐ Check if this claim is for a community                                       | ☐ Student loans  |  |          |
|                  | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |          |
|                  | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |          |
|                  | ☐ Yes  | Other. Specify   |  |          |
| 4.2              | Chase Card   | Last 4 digits of account number                              | 0743   | \$0.00   |
|                  | Nonpriority Creditor's Name Po Box 15298 Wilmington, DE 19850                  | When was the debt incurred?                                  | Opened 12/19/06                              |          |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.           | As of the date you file, the claim                           | s: Check all that apply                      |          |
|                  | ☐ Debtor 1 only  | ☐ Contingent   |  |          |
|                  | Debtor 2 only  | ☐ Unliquidated   |  |          |
|                  | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |          |
|                  | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured                                | d claim:                                     |          |
|                  | Check if this claim is for a community   | Student loans  | . Oldiiii.                                   |          |
|                  | debt Is the claim subject to offset?   |  | ration agreement or divorce that you did not |          |
|                  | ■ No   | Debts to pension or profit-sharin                            | g plans, and other similar debts             |          |
|                  | Yes  | Other. Specify Credit Card                                   | <u> </u>                                     |          |
| 4.2              | CitiBank   | Last 4 digits of account number                              | 3000   | \$590.65 |
| ·                | Nonpriority Creditor's Name PO Box 9001010                                     | When was the debt incurred?                                  | 12/1/2015                                    |          |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.           | As of the date you file, the claim                           | s: Check all that apply                      |          |
|                  | Debtor 1 only  | Пол  |  |          |
|                  | Debtor 2 only  | ☐ Contingent   |  |          |
|                  | _  | ☐ Unliquidated   |  |          |
|                  | Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured                    | d claim:                                     |          |
|                  | At least one of the debtors and another  | Student loans  | . J. G.  |          |
|                  | ☐ Check if this claim is for a community debt  Is the claim subject to offset? |  | ration agreement or divorce that you did not |          |
|                  | ■ No   | Debts to pension or profit-sharin                            | g plans, and other similar debts             |          |
|                  | ☐ Yes  | Other. Specify   |  |          |
|                  |  |  |  |          |

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| Debtor 1 DAKOTA D ROUTH Debtor 2 KRISTINA K ROUTH   |  | Case number (if know) 16-12003                |            |
|---|--|---|------------|
| Comenity Bank/Vctrssec  | Last 4 digits of account number  | 0108  | \$344.00   |
| Nonpriority Creditor's Name Po Box 182789 Columbus, OH 43218                              | When was the debt incurred?  | Opened 4/27/14 Last Active 2/20/16            |            |
| Number Street City State Zlp Code  Who incurred the debt? Check one.                      | As of the date you file, the claim   | is: Check all that apply                      |            |
| Debtor 1 only   | ☐ Contingent   |   |            |
| ■ Debtor 2 only   | ☐ Unliquidated   |   |            |
| Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure   | d claim:                                      |            |
| ☐ Check if this claim is for a community  | ☐ Student loans  |   |            |
| debt Is the claim subject to offset?  |  | aration agreement or divorce that you did not |            |
| ■ No  | Debts to pension or profit-sharing   | ng plans, and other similar debts             |            |
| ☐ Yes   | ■ Other Specify Charge Acc   | count   |            |
| Connections Credit Uni  | Last 4 digits of account number  | 3604  | \$0.00     |
| Nonpriority Creditor's Name  1150 N 8th Ave Pocatello, ID 83201                           | When was the debt incurred?  | Opened 6/28/13 Last Active 6/10/15            |            |
| Number Street City State Zlp Code  Who incurred the debt? Check one.                      | As of the date you file, the claim   | is: Check all that apply                      |            |
| Debtor 1 only   | ☐ Contingent   |   |            |
| ☐ Debtor 2 only   | ☐ Unliquidated   |   |            |
| ■ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure   | d claim:                                      |            |
| ■ Check if this claim is for a community  | ☐ Student loans  |   |            |
| debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims                 | aration agreement or divorce that you did not |            |
| ■ No  | ☐ Debts to pension or profit-sharing   | ng plans, and other similar debts             |            |
| Yes   | Other. Specify Recreation  | al  |            |
| 3 Connectns Credit Union  | Last 4 digits of account number  | 66OC  | \$8,570.00 |
| Nonpriority Creditor's Name c/o Service and Spinner 1335 E Center PO Box 6009             | When was the debt incurred?  | Opened 6/28/13 Last Active 1/13/14            |            |
| Pocatello, ID 83205  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim   | is: Check all that apply                      |            |
| ☐ Debtor 1 only   | ☐ Contingent   |   |            |
| Debtor 2 only   | ☐ Unliquidated   |   |            |
| ■ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure   | d claim:                                      |            |
| ■ Check if this claim is for a community debt  Is the claim subject to offset?            | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
|   | report as priority claims  Debts to pension or profit-sharin                 | og plans, and other similar debts             |            |
| ■ No  | ·  |   |            |
| ☐ Yes   | Other. Specify LAWSUIT -   | KEPU  |            |

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|          | or 1 DAKOTA D ROUTH or 2 KRISTINA K ROUTH   |  | Case number (if know) 16-12003               |            |
|----------|---|--|--|------------|
| 4.3<br>1 | Crd Prt Asso  | Last 4 digits of account number                              | 3609   | \$1,183.00 |
|          | Nonpriority Creditor's Name One Galleria Tower 13355 Noel Road S Dallas, TX 75240       | When was the debt incurred?                                  | Opened 2/25/15 Last Active 1/01/15           |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.                     | As of the date you file, the claim                           | s: Check all that apply                      |            |
|          | Debtor 1 only   | ☐ Contingent   |  |            |
|          | Debtor 2 only   | ☐ Unliquidated   |  |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:                                     |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |  |            |
|          | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |            |
|          | No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|          | Yes   | Other. Specify Collection                                    | 11 Bright House Netw                         |            |
| 4.3      | Credence Resource Mana  | Last 4 digits of account number                              | 0822   | \$1,261.00 |
|          | Nonpriority Creditor's Name<br>17000 Dallas Pkwy Ste 20<br>Dallas, TX 75248             | When was the debt incurred?                                  | Opened 9/28/15                               |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.                     | As of the date you file, the claim                           | s: Check all that apply                      |            |
|          | ■ Debtor 1 only   | ☐ Contingent   |  |            |
|          | Debtor 2 only   | ☐ Unliquidated   |  |            |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:                                     |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |  |            |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|          | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|          | Yes   | Other. Specify Collection                                    | Attorney T-Mobile                            |            |
| 4.3      | Credit Coll   | Last 4 digits of account number                              | 5197   | \$316.00   |
|          | Nonpriority Creditor's Name Po Box 9134   | When was the debt incurred?                                  | Opened 1/13/15                               |            |
|          | Needham, MA 02494  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | s: Check all that apply                      |            |
|          | _   |  |  |            |
|          | ■ Debtor 1 only   | ☐ Contingent   |  |            |
|          | Debtor 2 only   | ☐ Unliquidated   |  |            |
|          | ☐ Debtor 1 and Debtor 2 only  | Disputed   | d alaim.                                     |            |
|          | At least one of the debtors and another   | Type of NONPRIORITY unsecured  ☐ Student loans               | a ciaim:                                     |            |
|          | ☐ Check if this claim is for a community debt  Is the claim subject to offset?          |  | ration agreement or divorce that you did not |            |
|          | _   | Debts to pension or profit-sharin                            | a plans, and other similar debts             |            |
|          | ■ No  | · ·  | •  |            |
|          | ☐ Yes   | Other. Specify Collection                                    | Do American Family I                         |            |

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|          | or 1 DAKOTA D ROUTH or 2 KRISTINA K ROUTH   |  | Case number (if know) 16-12003               |            |
|----------|---|--|--|------------|
| 4.3      | Credit Coll   | Last 4 digits of account number                              | 8995   | \$94.00    |
|          | Nonpriority Creditor's Name Po Box 9134 Needham, MA 02494                           | When was the debt incurred?                                  | Opened 9/30/14                               |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.                 | As of the date you file, the claim                           | s: Check all that apply                      |            |
|          | Debtor 1 only   | ☐ Contingent   |  |            |
|          | Debtor 2 only   | ☐ Unliquidated   |  |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |  |            |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|          | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|          | Yes   | Other. Specify Collection                                    | 06 American Family I                         |            |
| 4.3      | Dfas  | Last 4 digits of account number                              | 6945   | \$0.00     |
| <u> </u> | Nonpriority Creditor's Name<br>8899 E. 56th St., Bldg # 1<br>Indianapolis, IN 46249 | When was the debt incurred?                                  | Opened 7/01/07                               |            |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.                | As of the date you file, the claim i                         | s: Check all that apply                      |            |
|          | ■ Debtor 1 only   | ☐ Contingent   |  |            |
|          | Debtor 2 only   | ☐ Unliquidated   |  |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |  |            |
|          | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |            |
|          | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|          | ☐ Yes   | Other. Specify   |  |            |
| 4.3<br>6 | Discoverbank  | Last 4 digits of account number                              | 6243   | \$1,930.00 |
|          | Nonpriority Creditor's Name  Pob 15316  Wilmington, DE 19850                        | When was the debt incurred?                                  | Opened 10/23/07 Last Active 4/01/15          |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.                 | As of the date you file, the claim                           | s: Check all that apply                      |            |
|          | Debtor 1 only   | ☐ Contingent   |  |            |
|          | Debtor 2 only   | ☐ Unliquidated   |  |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                |  |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |  |            |
|          | debt<br>Is the claim subject to offset?   | report as priority claims                                    | ration agreement or divorce that you did not |            |
|          | ■ No  | Debts to pension or profit-sharing                           |  |            |
|          | ☐ Yes   | Other. Specify Credit Card                                   | <u> </u>                                     |            |

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| Debtor<br>Debtor | 1 DAKOTA D ROUTH<br>2 KRISTINA K ROUTH   |   | Case number (if know) 16-12003               |            |
|------------------|--|---|--|------------|
| 4.3<br>7         | Enhanced Recovery Co L   | Last 4 digits of account number                               | 1544   | \$429.00   |
|                  | Nonpriority Creditor's Name<br>8014 Bayberry Rd<br>Jacksonville, FL 32256      | When was the debt incurred?                                   | Opened 11/04/15                              |            |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.           | As of the date you file, the claim i                          | s: Check all that apply                      |            |
|                  | ■ Debtor 1 only  | ☐ Contingent  |  |            |
|                  | Debtor 2 only  | ☐ Unliquidated  |  |            |
|                  | Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured                     | t claim:                                     |            |
|                  | At least one of the debtors and another  | ☐ Student loans   |  |            |
|                  | ☐ Check if this claim is for a community debt  Is the claim subject to offset? | _   | ration agreement or divorce that you did not |            |
|                  | No   | Debts to pension or profit-sharin                             | g plans, and other similar debts             |            |
|                  | □ Yes  | Other. Specify Collection                                     |  |            |
| 4.3              | Esb/Harley Davidson Cr   | Last 4 digits of account number                               | 1635   | \$0.00     |
|                  | Nonpriority Creditor's Name Po Box 21829 Carson City, NV 89721                 | When was the debt incurred?                                   | Opened 2/06/09 Last Active 8/08/14           |            |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.           | As of the date you file, the claim i                          | s: Check all that apply                      |            |
|                  | Debtor 1 only  | ☐ Contingent  |  |            |
|                  | Debtor 2 only  | ☐ Unliquidated  |  |            |
|                  | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |
|                  | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured                                 | d claim:                                     |            |
|                  | ☐ Check if this claim is for a community                                       | ☐ Student loans   |  |            |
|                  | debt Is the claim subject to offset?   | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not |            |
|                  | ■ No   | Debts to pension or profit-sharin                             | g plans, and other similar debts             |            |
|                  | Yes  | Other. Specify Automobile                                     | 3  |            |
| 4.3              | Fac/Nab Nonpriority Creditor's Name  | Last 4 digits of account number                               | 0990   | \$4,400.00 |
|                  | 480 James Robertson Pkwy<br>Nashville, TN 37219                                | When was the debt incurred?                                   | Opened 9/01/15 Last Active 5/01/15           |            |
|                  | Number Street City State Zlp Code  | As of the date you file, the claim i                          | s: Check all that apply                      |            |
|                  | Who incurred the debt? Check one.  |   |  |            |
|                  | ■ Debtor 1 only  | ☐ Contingent  |  |            |
|                  | Debtor 2 only  | ☐ Unliquidated  |  |            |
|                  | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |
|                  | $\square$ At least one of the debtors and another                              | Type of NONPRIORITY unsecured                                 |  |            |
|                  | $\square$ Check if this claim is for a community debt                          |   | ration agreement or divorce that you did not |            |
|                  | Is the claim subject to offset?  | report as priority claims                                     |  |            |
|                  | No   | Debts to pension or profit-sharin                             | • •  |            |
|                  | Yes  | Other. Specify Medical De                                     | bt Joseph L Riley                            |            |

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| Debto<br>Debto | or 1 DAKOTA D ROUTH or 2 KRISTINA K ROUTH  |  | Case number (if know) 16-12003                                   |            |
|----------------|--|--|--|------------|
| 4.4<br>0       | Fac/Nab  | Last 4 digits of account number  | 0991   | \$3,515.00 |
|                | Nonpriority Creditor's Name  480 James Robertson Pkwy Nashville, TN 37219  | When was the debt incurred?  | Opened 9/01/15 Last Active 5/01/15                               |            |
|                | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim   | is: Check all that apply   |            |
|                | ■ Debtor 1 only □ Debtor 2 only  | ☐ Contingent ☐ Unliquidated  |  |            |
|                | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt                                 |  | d claim: aration agreement or divorce that you did not           |            |
|                | Is the claim subject to offset?  ■ No  | report as priority claims  Debts to pension or profit-sharing  |  |            |
|                | Yes  | Other. Specify Medical De  | bt Joseph L Riley  |            |
| 4.4<br>1       | Fox Collection Center  Nonpriority Creditor's Name   | Last 4 digits of account number  | 5739   | \$280.00   |
|                | 456 Moss Trl<br>Goodlettsville, TN 37072   | When was the debt incurred?  | Opened 11/25/15 Last Active 5/01/15                              |            |
|                | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim   | is: Check all that apply   |            |
|                | <ul><li>□ Debtor 1 only</li><li>□ Debtor 2 only</li><li>□ Debtor 1 and Debtor 2 only</li></ul>   | ☐ Contingent ☐ Unliquidated ☐ Disputed   |  |            |
|                | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?                              | Type of NONPRIORITY unsecure  ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | d claim: aration agreement or divorce that you did not           |            |
|                | ■ No □ Yes   | Debts to pension or profit-sharing   | ng plans, and other similar debts  Attorney Nephrology Assoc Of  |            |
| 4.4            |  |  |  |            |
| 4.4<br>2       | Fox Collection Center  Nonpriority Creditor's Name   | Last 4 digits of account number  | 0692   | \$279.00   |
|                | 456 Moss Trl Goodlettsville, TN 37072  Number Street City State Zlp Code Who incurred the debt? Check one.   | When was the debt incurred?  As of the date you file, the claim  | Opened 2/24/15 is: Check all that apply                          |            |
|                | ■ Debtor 1 only □ Debtor 2 only  | ☐ Contingent☐ Unliquidated   |  |            |
|                | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Disputed  Type of NONPRIORITY unsecure ☐ Student loans ☐ Obligations arising out of a separations.       | d claim:<br>aration agreement or divorce that you did not        |            |
|                | ■ No □ Yes   | report as priority claims  Debts to pension or profit-sharin  Other. Specify Collection                    | ng plans, and other similar debts  Attorney First Response Ortho |            |

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| Debto<br>Debto | r 1 DAKOTA D ROUTH r 2 KRISTINA K ROUTH                                       |  | Case number (if know) 16-12003                |            |
|----------------|---|--|---|------------|
| 4.4<br>3       | Goldkey Cred  | Last 4 digits of account number                              | 6282  | \$1,056.00 |
|                | Nonpriority Creditor's Name   | _  | Omenad 0/04/45 Least Active                   |            |
|                | P O Box 15670<br>Brooksville, FL 34604  | When was the debt incurred?                                  | Opened 9/04/15 Last Active 5/01/15            |            |
|                | Number Street City State Zlp Code Who incurred the debt? Check one.           | As of the date you file, the claim                           | is: Check all that apply                      |            |
|                | ■ Debtor 1 only □ Debtor 2 only   | ☐ Contingent☐ Unliquidated                                   |   |            |
|                |   | ☐ Disputed   |   |            |
|                | Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
|                | ☐ At least one of the debtors and another                                     | Student loans  | u Claim.                                      |            |
|                | ☐ Check if this claim is for a community debt Is the claim subject to offset? |  | aration agreement or divorce that you did not |            |
|                | No  | Debts to pension or profit-sharing                           | a plane, and other similar debts              |            |
|                |   | ·  | •   |            |
|                | Yes   | Other. Specify Collection                                    | Med1 02 Florida Emer                          |            |
| 4.4            | Hunter Warfield   | Last 4 digits of account number                              | 7531  | \$6,311.00 |
|                | Nonpriority Creditor's Name 4620 Woodland Corporate Tampa, FL 33614           | When was the debt incurred?                                  | Opened 12/24/14 Last Active 11/01/14          |            |
|                | Number Street City State Zlp Code Who incurred the debt? Check one.           | As of the date you file, the claim                           | is: Check all that apply                      |            |
|                | Debtor 1 only   | ☐ Contingent   |   |            |
|                | Debtor 2 only   | ☐ Unliquidated   |   |            |
|                | Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
|                | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
|                | ☐ Check if this claim is for a community                                      | ☐ Student loans  |   |            |
|                | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
|                | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts              |            |
|                | Yes   | Other. Specify Collection                                    | Attorney Camden Lago Vista                    |            |
| 4.4<br>5       | Kabbage   | Last 4 digits of account number                              | 9927  | \$720.00   |
|                | Nonpriority Creditor's Name 925B Peachtree St NE Ste 1688 Atlanta. GA 30309   | When was the debt incurred?                                  | 5/1/2015                                      |            |
|                | Number Street City State Zlp Code   | As of the date you file, the claim                           | is: Check all that apply                      |            |
|                | Who incurred the debt? Check one.   |  |   |            |
|                | ☐ Debtor 1 only   | ☐ Contingent   |   |            |
|                | Debtor 2 only   | ☐ Unliquidated   |   |            |
|                | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
|                | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
|                |   | Student loans  |   |            |
|                | ☐ Check if this claim is for a community debt Is the claim subject to offset? |  | aration agreement or divorce that you did not |            |
|                | ■ No  | ☐ Debts to pension or profit-sharin                          | g plans, and other similar debts              |            |
|                | Yes   | Other. Specify   |   |            |
|                |   |  |   |            |

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|          | or 1 DAKOTA D ROUTH or 2 KRISTINA K ROUTH   |  | Case number (if know) 16-12003               |            |
|----------|---|--|--|------------|
| 4.4      | Kabbage Inc   | Last 4 digits of account number  |  | \$500.00   |
| 0        | Nonpriority Creditor's Name 730 Peachtree St. NE Ste  | When was the debt incurred?  | 2/27/2015                                    |            |
|          | Atlanta, GA 30308  Number Street City State Zlp Code  Who incurred the debt? Check one.   | As of the date you file, the claim   | s: Check all that apply                      |            |
|          | ☐ Debtor 1 only ☐ Debtor 2 only   | ☐ Contingent ☐ Unliquidated  |  |            |
|          | ■ Debtor 1 and Debtor 2 only  □ At least one of the debtors and another  □ Check if this claim is for a community debt Is the claim subject to offset?  ■ No  □ Yes | report as priority claims  Debts to pension or profit-sharin                 | ration agreement or divorce that you did not |            |
| 4.4      | Kay Jewelers  | Last 4 digits of account number  | 1077   | \$339.00   |
|          | Nonpriority Creditor's Name  375 Ghent Rd Fairlawn, OH 44333  | When was the debt incurred?  | Opened 12/23/14 Last Active 3/01/16          |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim   | s: Check all that apply                      |            |
|          | ☐ Debtor 1 only   | ☐ Contingent   |  |            |
|          | Debtor 2 only   | ☐ Unliquidated   |  |            |
|          | Debtor 1 and Debtor 2 only  | Disputed   |  |            |
|          | At least one of the debtors and another   | Type of NONPRIORITY unsecured  ☐ Student loans                               | d claim:                                     |            |
|          | ☐ Check if this claim is for a community debt  Is the claim subject to offset?  | _  | ration agreement or divorce that you did not |            |
|          | ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts             |            |
|          | Yes   | Other. Specify Charge Acc  | count  |            |
| 4.4<br>8 | Maple Tree Holdings LLC   | Last 4 digits of account number  | 3727   | \$1,728.88 |
|          | Nonpriority Creditor's Name 4419 Van Nuys Blvd Ste 203 Sherman Oaks, CA 91403   | When was the debt incurred?  | 8/5/2014                                     |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim   | s: Check all that apply                      |            |
|          | Debtor 1 only   | ☐ Contingent   |  |            |
|          | Debtor 2 only   | ☐ Unliquidated   |  |            |
|          | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
|          | At least one of the debtors and another   | Type of NONPRIORITY unsecure   | d claim:                                     |            |
|          | ☐ Check if this claim is for a community debt Is the claim subject to offset?   | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|          | ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts             |            |
|          | Yes   | Other. Specify   |  |            |

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|          | 1 DAKOTA D ROUTH 2 KRISTINA K ROUTH   |  | Case number (if know) 16-120             | )03          |
|----------|---|--|--|--------------|
| 4.4<br>9 | Maple Tree Holdings LLC   | Last 4 digits of account number                                  |  | \$100,000.00 |
|          | Nonpriority Creditor's Name<br>4419 Van Nuys Blvd Ste 203<br>Sherman Oaks, CA 91403 | When was the debt incurred?                                      | 6/9/2014                                 |              |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.                | As of the date you file, the claim                               | s: Check all that apply                  |              |
|          | Debtor 1 only   | ☐ Contingent   |  |              |
|          | Debtor 2 only   | Unliquidated   |  |              |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed   | Lateta.                                  |              |
|          | At least one of the debtors and another   | Type of NONPRIORITY unsecured  ☐ Student loans                   | i ciaim:                                 |              |
|          | ☐ Check if this claim is for a community debt Is the claim subject to offset?       | ☐ Obligations arising out of a sepa                              | ration agreement or divorce that you did | d not        |
|          | No  | report as priority claims  Debts to pension or profit-sharin     | a plane, and other similar debts         |              |
|          | Yes   | <u> </u>   | g pians, and other similar debts         |              |
| 4.5      |   |  |  |              |
| 0        | National Recovery Agen  Nonpriority Creditor's Name                                 | Last 4 digits of account number                                  | 0580                                     | \$1,251.00   |
|          | 2491 Paxton St<br>Harrisburg, PA 17111  | When was the debt incurred?                                      | Opened 11/11/15 Last Activ<br>5/01/15    | /e<br>       |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.                | As of the date you file, the claim                               | s: Check all that apply                  |              |
|          | ■ Debtor 1 only   | ☐ Contingent   |  |              |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |  |              |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |              |
|          | $\square$ At least one of the debtors and another                                   | Type of NONPRIORITY unsecured                                    | d claim:                                 |              |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |  |              |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a sepa<br>report as priority claims | ration agreement or divorce that you did | J not        |
|          | ■ No  | Debts to pension or profit-sharing                               | - •                                      |              |
|          | Yes   | Other. Specify Collection  | Attorney Central Florida Puln            | <u>1</u>     |
| 4.5<br>1 | North Amercn  | Last 4 digits of account number                                  | 5121                                     | \$237.00     |
|          | Nonpriority Creditor's Name  2810 Walker Rd   | When was the debt incurred?                                      | Opened 3/17/15 Last Activ                | е            |
|          | Chattanooga, TN 37421   | _  |  |              |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.                | As of the date you file, the claim i                             | s: Check all that apply                  |              |
|          | _   | Пол  |  |              |
|          | Debtor 1 only   | ☐ Contingent   |  |              |
|          | Debtor 2 only   | ☐ Unliquidated☐ Disputed   |  |              |
|          | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another              | Type of NONPRIORITY unsecured                                    | d claim:                                 |              |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |  |              |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims     | ration agreement or divorce that you did | i not        |
|          | ■ No  | Debts to pension or profit-sharin                                | g plans, and other similar debts         |              |
|          | Yes   | Other. Specify Collection  | Med1 02 Medicine Spe                     |              |

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|          | or 1 DAKOTA D ROUTH or 2 KRISTINA K ROUTH   |   | Case number (if know) 16-12003               |          |
|----------|---|---|--|----------|
| 4.5<br>2 | North Amercn  | Last 4 digits of account number   | 7281   | \$141.00 |
|          | Nonpriority Creditor's Name  2810 Walker Rd Chattanooga, TN 37421                           | When was the debt incurred?   | Opened 11/20/15 Last Active 5/01/15          |          |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.                         | As of the date you file, the claim  | s: Check all that apply                      |          |
|          | Debtor 1 only   | ☐ Contingent  |  |          |
|          | ☐ Debtor 2 only   | ☐ Unliquidated  |  |          |
|          | Debtor 1 and Debtor 2 only  | Disputed  | l alaim.                                     |          |
|          | At least one of the debtors and another   | Type of NONPRIORITY unsecured  ☐ Student loans                                | i ciaim:                                     |          |
|          | ☐ Check if this claim is for a community debt  Is the claim subject to offset?              |   | ration agreement or divorce that you did not |          |
|          | No  | Debts to pension or profit-sharing  | g plans, and other similar debts             |          |
|          | Yes   | Other. Specify Collection   | • •  |          |
| 4.5      | North Amercn  | Last 4 digits of account number   | 5123   | \$130.00 |
|          | Nonpriority Creditor's Name  2810 Walker Rd   | When was the debt incurred?   | Opened 3/17/15 Last Active 10/01/14          |          |
|          | Chattanooga, TN 37421  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim  | s: Check all that apply                      |          |
|          | ■ Debtor 1 only   | ☐ Contingent  |  |          |
|          | Debtor 2 only   | ☐ Unliquidated  |  |          |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |          |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure  | d claim:                                     |          |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |  |          |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims                  | ration agreement or divorce that you did not |          |
|          | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts             |          |
|          | ☐ Yes   | Other. Specify Collection   | Med1 02 Medicine Spe                         |          |
| 4.5<br>4 | North Amercn  | Last 4 digits of account number   | 5122   | \$127.00 |
|          | Nonpriority Creditor's Name  2810 Walker Rd  Chattanooga, TN 37421                          | When was the debt incurred?   | Opened 3/17/15 Last Active 10/01/14          |          |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.                         | As of the date you file, the claim  | s: Check all that apply                      |          |
|          | Debtor 1 only   | ☐ Contingent  |  |          |
|          | Debtor 2 only   | ☐ Unliquidated  |  |          |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |          |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure  | d claim:                                     |          |
|          | ☐ Check if this claim is for a community debt   | <ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul> | ration agreement or divorce that you did not |          |
|          | Is the claim subject to offset?   | report as priority claims   | ,  |          |
|          | ■ No  | ☐ Debts to pension or profit-sharin   |  |          |
|          | Yes   | Other. Specify Collection   | Med1 02 Medicine Spe                         |          |

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| Debto<br>Debto | or 1 DAKOTA D ROUTH or 2 KRISTINA K ROUTH                                      |  | Case number (if know) 16-12003                |              |
|----------------|--|--|---|--------------|
| 4.5<br>5       | North Amercn   | Last 4 digits of account number                              | 7282  | \$89.00      |
|                | Nonpriority Creditor's Name  | _  | On an all 44/00/45   Last Astina              |              |
|                | 2810 Walker Rd<br>Chattanooga, TN 37421  | When was the debt incurred?                                  | Opened 11/20/15 Last Active 5/01/15           |              |
|                | Number Street City State Zlp Code Who incurred the debt? Check one.            | As of the date you file, the claim                           | is: Check all that apply                      |              |
|                | ■ Debtor 1 only  | ☐ Contingent   |   |              |
|                | Debtor 2 only  | ☐ Unliquidated   |   |              |
|                | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |              |
|                | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecure                                 | d claim:                                      |              |
|                | ☐ Check if this claim is for a community                                       | ☐ Student loans  |   |              |
|                | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |              |
|                | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts              |              |
|                | ☐ Yes  | Other Specify Collection                                     | Med1 02 Florida Hosp                          |              |
| 4.5            | Orvieto Investments LLC  | Last 4 digits of account number                              | 6114  | \$439,189.13 |
|                | Nonpriority Creditor's Name 413 W. Idaho St Ste 200                            | When was the debt incurred?                                  | 12/24/2014                                    |              |
|                | Number Street City State Zlp Code  Who incurred the debt? Check one.           | As of the date you file, the claim                           | is: Check all that apply                      |              |
|                | ☐ Debtor 1 only  | ☐ Contingent   |   |              |
|                | Debtor 2 only  | ☐ Unliquidated   |   |              |
|                | ■ Debtor 1 and Debtor 2 only   | <u> </u>   |   |              |
|                | _  | ☐ Disputed  Type of NONPRIORITY unsecure                     | d claim:                                      |              |
|                | At least one of the debtors and another  | ☐ Student loans  | a Glaini.                                     |              |
|                | ☐ Check if this claim is for a community debt  Is the claim subject to offset? |  | aration agreement or divorce that you did not |              |
|                | ■ No   | Debts to pension or profit-sharin                            | g plans, and other similar debts              |              |
|                | Yes  | Other. Specify LAWSUIT                                       |   |              |
| 4.5            | PGAC   | Last 4 digits of account number                              | 6511  | \$145.00     |
| 7              | Nonpriority Creditor's Name  |  |   | 41.000       |
|                | PO Box 305076<br>Nashville, TN 37230   | When was the debt incurred?                                  | 2/17/2016                                     |              |
|                | Number Street City State Zlp Code  | As of the date you file, the claim                           | is: Check all that apply                      |              |
|                | Who incurred the debt? Check one.  |  |   |              |
|                | ☐ Debtor 1 only  | ☐ Contingent   |   |              |
|                | ☐ Debtor 2 only  | ☐ Unliquidated   |   |              |
|                | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |              |
|                | $\square$ At least one of the debtors and another                              | Type of NONPRIORITY unsecure                                 | d claim:                                      |              |
|                | ☐ Check if this claim is for a community ☐ Student loans                       |  |   |              |
|                | debt Is the claim subject to offset?   | report as priority claims                                    | aration agreement or divorce that you did not |              |
|                | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts              |              |
|                | Yes  | Other. Specify   |   |              |

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|          | or 1 DAKOTA D ROUTH or 2 KRISTINA K ROUTH                            |  | Case number (if know) 16-12003   |          |
|----------|--|--|--|----------|
| 4.5<br>8 | Pmab Llc   | Last 4 digits of account number                              | 5769   | \$263.00 |
|          | Nonpriority Creditor's Name  | _  | 0  |          |
|          | 4135 S Stream Blvd Ste 4<br>Charlotte, NC 28217                      | When was the debt incurred?                                  | Opened 6/29/15 Last Active 3/01/15   |          |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim                           | s: Check all that apply  |          |
|          | Debtor 1 only  | ☐ Contingent   |  |          |
|          | Debtor 2 only  | ☐ Unliquidated   |  |          |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |          |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                                 | d claim:   |          |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans  |  |          |
|          | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not   |          |
|          | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts   |          |
|          | Yes  | Other. Specify Collection                                    | Attorney Gateway Emergency Ph  |          |
| 4.5<br>9 | Salute/Atlanticus  | Last 4 digits of account number                              | 2184   | \$0.00   |
|          | Nonpriority Creditor's Name  | _  |  |          |
|          | Po Box 105555<br>Atlanta, GA 30348                                   | When was the debt incurred?                                  | Opened 8/13/08 Last Active 3/09/09   |          |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | s: Check all that apply  |          |
|          | Debtor 1 only  | ☐ Contingent   |  |          |
|          | ■ Debtor 2 only  | ☐ Unliquidated   |  |          |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |          |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                                 | d claim:   |          |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans  |  |          |
|          | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not   |          |
|          | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts   |          |
|          | Yes  | ■ Other. Specify Credit Card                                 | <u> </u>   |          |
| 4.6<br>0 | Santander Consumer Usa   | Last 4 digits of account number                              | 1000   | \$0.00   |
|          | Nonpriority Creditor's Name  |  | Opened 4/10/05 Last Active   |          |
|          | Po Box 961245<br>Ft Worth, TX 76161                                  | When was the debt incurred?                                  | Opened 4/19/05 Last Active 7/01/10   |          |
|          | Number Street City State Zlp Code                                    | As of the date you file, the claim                           | s: Check all that apply  |          |
|          | Who incurred the debt? Check one.                                    |  |  |          |
|          | Debtor 1 only  | ☐ Contingent   |  |          |
|          | Debtor 2 only  | ☐ Unliquidated   |  |          |
|          | ■ Debtor 1 and Debtor 2 only   | Disputed   |  |          |
|          | $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecure                                 | d claim:   |          |
|          | ■ Check if this claim is for a community                             | ☐ Student loans  |  |          |
|          | debt   |  | ration agreement or divorce that you did not   |          |
|          | Is the claim subject to offset?                                      | report as priority claims                                    | and an and all and a state of the state of t |          |
|          | No   | ☐ Debts to pension or profit-sharing                         |  |          |
|          | ☐ Yes  | Other. Specify Automobile                                    | <u> </u>   |          |

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|                    | 1 DAKOTA D ROUTH<br>2 KRISTINA K ROUTH  |  | Case number (if know)   | 16-12003            |                        |
|--------------------|---|--|---|---------------------|------------------------|
|                    | State Of Idaho Attorney Generals Office   | Last 4 digits of account number  | 8944  |                     | \$393,901.70           |
|                    | Nonpriority Creditor's Name P.O. Box 83720  |  | 2/13/2015   | _                   |                        |
|                    | Boise, ID 83720   | When was the debt incurred?  | 2/13/2015   |                     |                        |
|                    | Number Street City State Zlp Code   | As of the date you file, the claim   | is: Check all that apply  |                     |                        |
|                    | Who incurred the debt? Check one.  ☐ Debtor 1 only  | По   |   |                     |                        |
|                    | Debtor 2 only   | ☐ Contingent   |   |                     |                        |
|                    | ■ Debtor 1 and Debtor 2 only  | ☐ Unliquidated☐ Disputed☐  |   |                     |                        |
|                    | At least one of the debtors and another   | Type of NONPRIORITY unsecure   | d claim:  |                     |                        |
|                    | ☐ Check if this claim is for a community  | ☐ Student loans  |   |                     |                        |
|                    | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims                               | aration agreement or divorce t                                    | hat you did not     |                        |
|                    | ■ No  | ☐ Debts to pension or profit-sharing   | ng plans, and other similar deb                                   | ots                 |                        |
|                    | ☐ Yes   | Other. Specify LAWSUIT   |   |                     |                        |
| 4.6                | Untd Rcvy Gr  | Last 4 digits of account number  | 8314  |                     | \$180.00               |
|                    | Nonpriority Creditor's Name   |  | 0   |                     |                        |
|                    | 11639 S 700 E Suite 200<br>Draper, UT 84020   | When was the debt incurred?  | Opened 7/05/12 La<br>5/01/12                                      | St Active           |                        |
|                    | Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the claim   | is: Check all that apply  |                     |                        |
|                    | ☐ Debtor 1 only   | ☐ Contingent   |   |                     |                        |
|                    | ■ Debtor 2 only   | ☐ Unliquidated   |   |                     |                        |
|                    | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |                     |                        |
|                    | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure   | d claim:  |                     |                        |
|                    | ☐ Check if this claim is for a community debt   | ☐ Student loans  |   |                     |                        |
|                    | Is the claim subject to offset?   | ☐ Obligations arising out of a separe report as priority claims                            | aration agreement or divorce t                                    | hat you did not     |                        |
|                    | ■ No  | ☐ Debts to pension or profit-sharing   | ng plans, and other similar deb                                   | ots                 |                        |
|                    | Yes   | ■ Other. Specify Collection  | 05 Bio Guard Id   |                     |                        |
| Part 3:            | List Others to Be Notified About a De   | ebt That You Already Listed  |   |                     |                        |
| is tryin<br>have n | is page only if you have others to be notified<br>ng to collect from you for a debt you owe to s<br>nore than one creditor for any of the debts th<br>ed for any debts in Parts 1 or 2, do not fill out | someone else, list the original creditor in<br>at you listed in Parts 1 or 2, list the add | n Parts 1 or 2, then list the c                                   | ollection agency h  | ere. Similarly, if you |
|                    | nd Address<br>County Assessor   | On which entry in Part 1 or Part 2 did you Line of (Check one):                            | ulist the original creditor?<br>☐ Part 1: Creditors with Priorit  | v Upsocured Claims  |                        |
| C/O Ba             | ankruptcy Clerk<br>Grand Central Parkway  | ` ′  | Part 2: Creditors with Nonpr                                      | •                   |                        |
| Las Ve             | egas, NV 89155-1401   | Last 4 digits of account number  |   |                     |                        |
|                    | nd Address  | On which entry in Part 1 or Part 2 did you   | _   |                     |                        |
|                    | County Treasurer<br>Inkruptcy Clerk   | _  | Part 1: Creditors with Priority                                   | •                   |                        |
|                    | Grand Central Pkwy  | L  | Part 2: Creditors with Nonpr                                      | nority Unsecured Cl | aims                   |
|                    | egas, NV 89155-1220   | Last 4 digits of account number  |   |                     |                        |
|                    |   |  |   |                     |                        |
|                    | nd Address of Employment, Training &  | On which entry in Part 1 or Part 2 did you Line of (Check one):                            | ı list the original creditor?<br>█ Part 1: Creditors with Priorit | y Unsecured Claims  | S                      |
| Rehab              |   |  | Part 2: Creditors with Nonpr                                      | •                   |                        |

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| Debtor 1 Debtor 2   | _                                       | D ROUTH<br>A K ROUTH                     |  | Case n        | umber (if kn    | ow) 16-12003  |                  |
|---|---|--|--|---------------|-----------------|---|------------------|
| 500 East 1<br>Carson Ci   |   |  |  |               |                 |   |                  |
|   | ,                                       |  | Last 4 digits of account number  |               |                 |   |                  |
| Name and Ad<br>Internal R<br>PO Box 73<br>Philadelph            | evenue \$<br>346                        | Service<br>9101-7346                     | On which entry in Part 1 or Part 2 did y Line of ( <i>Check one</i> ): | ☐ Part 1: 0   | Creditors with  | or?<br>n Priority Unsecured Claims<br>n Nonpriority Unsecured Clain | ns               |
|   | •                                       |  | Last 4 digits of account number  |               |                 |   |                  |
| Revenue<br>Bankrupto<br>PO Box 95                               | isetts De<br>cy Unit<br>564<br>ridge St | epartment of<br>reet, 7th Floor<br>-9564 | On which entry in Part 1 or Part 2 did y Line of ( <i>Check one</i> ): | ☐ Part 1: 0   | Creditors with  | or?<br>h Priority Unsecured Claims<br>h Nonpriority Unsecured Clain | ns               |
|   |   |  | Last 4 digits of account number  |               |                 |   |                  |
| Name and Ad<br>Nevada Do<br>Bankrupto<br>555 E Was<br>Las Vegas | ept. of Ta<br>cy<br>shington            | Ave, #1300                               | On which entry in Part 1 or Part 2 did y Line of (Check one):          | ☐ Part 1: 0   | Creditors with  | or?<br>h Priority Unsecured Claims<br>h Nonpriority Unsecured Clain | ns               |
|   | ,                                       |  | Last 4 digits of account number  |               |                 |   |                  |
| Office of F<br>Reg IX   | curity Ac<br>Regional                   | Iministration<br>Chief Counsel,          | On which entry in Part 1 or Part 2 did y Line of (Check one):          | ☐ Part 1: 0   | Creditors with  | or?<br>h Priority Unsecured Claims<br>h Nonpriority Unsecured Clain | ns               |
| 160 Spear<br>San Franc  |   | Suite 800<br>\ 94105-1545                | Last 4 digits of account number  |               |                 |   |                  |
| Vehicles<br>Attn: Lega<br>555 Wrigh                             | evada D<br>al Divisio<br>at Way         |  | On which entry in Part 1 or Part 2 did y Line of (Check one):          | ☐ Part 1: 0   | Creditors with  | or?<br>n Priority Unsecured Claims<br>n Nonpriority Unsecured Clain | ns               |
| Carson Ci   | ty, NV 89                               | 9711                                     | Last 4 digits of account number  |               |                 |   |                  |
| Name and Ad   | ldress                                  |  | On which entry in Part 1 or Part 2 did y                               | ou list the o | riginal credito | or?   |                  |
| United Sta  |   |  |  | Part 1: 0     | Creditors with  | h Priority Unsecured Claims   |                  |
| Las Vegas   |   | rd. South #4300<br>I01                   |  | ☐ Part 2: (   | Creditors witl  | h Nonpriority Unsecured Clain                                       | ns               |
|   |   |  | Last 4 digits of account number  |               |                 |   |                  |
| Part 4: A   | dd the Ai                               | mounts for Each Type of                  | Unsecured Claim  |               |                 |   |                  |
|   | mounts of                               | certain types of unsecured o             | laims. This information is for statistica                              | al reporting  | purposes o      | nly. 28 U.S.C. §159. Add the  | amounts for each |
|   |   |  |  | -             |                 | Total Claim   |                  |
| Total   | 6a.                                     | Domestic support obligation              | ons  | 6a.           | \$              | 0.00  |                  |
| claims from Part 1  | 6b.                                     | Taxes and certain other de               | bts you owe the government   | 6b.           | \$              | 5,000.00  |                  |
|   | 6c.                                     |  | al injury while you were intoxicated                                   | 6c.           | \$              | 0.00  |                  |
|   | 6d.                                     | Other. Add all other priority u          | insecured claims. Write that amount here                               | . 6d.         | \$              | 0.00  |                  |
|   | 6e.                                     | Total Priority. Add lines 6a t           | hrough 6d.   | 6e.           | \$              | 5,000.00  |                  |
|   |   |  |  |               |                 |   | I                |
| Total   | 6f.                                     | Student loans                            |  | 6f.           | \$              | Total Claim 0.00  |                  |
| claims<br>from Part 2   | 6g.                                     | Obligations arising out of a             | separation agreement or divorce that                                   | 6g.           | \$              | 0.00  |                  |

Official Form 106 E/F

# Case 16-12003-abl Doc 11 Entered 05/13/16 05:12:56 Page 38 of 56

| Debtor 1 DAKOTA Debtor 2 KRISTINA | D ROUTH<br>A K ROUTH   | Case n     | umber (if kn | ow) <u>16-12003</u> |  |
|-----------------------------------|--|------------|--------------|---------------------|--|
| 6h.<br>6i.                        | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Add all other nonpriority unsecured claims. Write that amount | 6h.<br>6i. | \$           | 0.00                |  |
| 6j.                               | here.  Total Nonpriority. Add lines 6f through 6i.   | 6j.        | \$<br>\$     | 1,596,723.36        |  |

Official Form 106 E/F

#### Case 16-12003-abl Doc 11 Entered 05/13/16 05:12:56 Page 39 of 56

| Fill in this inform | mation to identify your  | case:              |           |                       |
|---------------------|--------------------------|--------------------|-----------|-----------------------|
| Debtor 1            | DAKOTA D ROUT            |                    |           |                       |
|                     | First Name               | Middle Name        | Last Name |                       |
| Debtor 2            | KRISTINA K ROU           | TH                 |           |                       |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name |                       |
| United States Ba    | inkruptcy Court for the: | DISTRICT OF NEVADA |           |                       |
| _                   | 16-12003                 |                    |           |                       |
| (if known)          |                          |                    |           | ☐ Check if this is an |
|                     |                          |                    |           | amended filing        |

#### Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with<br>Name, Number | whom you have the<br>, Street, City, State and ZIP | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|--|---------------------|---|
| 2.1 |           |                              |  |                     |   |
|     | Name      |                              |  |                     | _                                       |
|     | Number    | Street                       |  |                     |   |
|     | City      |                              | State  | ZIP Code            |   |
| 2.2 |           |                              |  |                     |   |
|     | Name      |                              |  |                     |   |
|     | Number    | Street                       |  |                     | _                                       |
|     | City      |                              | State  | ZIP Code            | _                                       |
| 2.3 |           |                              |  |                     |   |
|     | Name      |                              |  |                     |   |
|     | Number    | Street                       |  |                     |   |
|     | City      |                              | State  | ZIP Code            | _                                       |
| 2.4 |           |                              |  |                     |   |
|     | Name      |                              |  |                     |   |
|     | Number    | Street                       |  |                     | _                                       |
|     | City      |                              | State  | ZIP Code            | _                                       |
| 2.5 |           |                              |  |                     |   |
|     | Name      |                              |  |                     | _                                       |
|     | Number    | Street                       |  |                     |   |
|     | City      |                              | State  | ZIP Code            | _                                       |

# Case 16-12003-abl Doc 11 Entered 05/13/16 05:12:56 Page 40 of 56

| Fill in thi                            | s informa                                      | ation to identify your   | case:   |   |  |               |
|--|--|--|---|---|--|---------------|
|  |  |  |   |   |  |               |
| Debtor 1                               |  | First Name   | Middle Name   | Last Name                                       |  |               |
| Debtor 2                               |  | KRISTINA K ROU   | ITH   |   |  |               |
| (Spouse if, fi                         | ling)  | First Name   | Middle Name   | Last Name                                       |  |               |
| United St                              | ates Banl                                      | cruptcy Court for the:   | DISTRICT OF NEVADA  |   |  |               |
| Case nun                               | nber <b>16</b>                                 | 6-12003  |   |   |  |               |
| (if known)                             |  |  |   |   | ☐ Check if this  |               |
|  |  |  |   |   | amended fili   | ng            |
| Officia                                | al For   | m 106H   |   |   |  |               |
|  |  | H: Your Cod  | ebtors  |   |  | 12/15         |
| 00110                                  | 4410 1   | <u> 1041 004</u>   | 001010  |   |  | 12/10         |
| people are<br>fill it out,<br>your nam | e filing to<br>and num<br>e and cas<br>you hav | gether, both are equ<br>ber the entries in the<br>se number (if known) | ally responsible for supply                               | ring correct informati<br>he Additional Page to | s complete and accurate as possible. If two on. If more space is needed, copy the Addition this page. On the top of any Additional Pagas a codebtor. | onal Page,    |
|  |  |  |   |   |  |               |
|  |  |  | ı lived in a community pro<br>Nevada, New Mexico, Puer    |   | (? (Community property states and territories in<br>ngton, and Wisconsin.)   | clude         |
| Пис                                    | o. Go to lir                                   | ne 3   |   |   |  |               |
|  |  |  | use, or legal equivalent live v                           | with you at the time?                           |  |               |
|  |  | ,  | 3   | ,   |  |               |
|  | □ No   |  |   |   |  |               |
|  | Yes.   |  |   |   |  |               |
|  | ln   | which community stat   | e or territory did you live?                              | -NONE-  | . Fill in the name and current address of tha  | at person.    |
|  |  | me of your spouse, former sp   |   |   |  |               |
| in lin<br>Form                         | olumn 1, l<br>e 2 again                        | as a codebtor only i<br>Schedule E/F (Official                         | ors. Do not include your s<br>f that person is a guaranto | r or cosigner. Make s                           | if your spouse is filing with you. List the per<br>sure you have listed the creditor on Schedule<br>GG). Use Schedule D, Schedule E/F, or Sched      | e D (Official |
|  |  | 1: Your codebtor nber, Street, City, State and Z                       | IP Code   |   | Column 2: The creditor to whom you own Check all schedules that apply:   | e the debt    |
| 3.1                                    |  |  |   |   | ☐ Schedule D, line   |               |
|  | Name   |  |   |   | ☐ Schedule E/F, line   |               |
|  |  |  |   |   | ☐ Schedule G, line   |               |
|  | Number   | Street   | 0   | 710.0.1   | _  |               |
|  | City   |  | State   | ZIP Code  |  |               |
|  |  |  |   |   | _  |               |
| 3.2                                    | Name   |  |   |   | Schedule D, line   |               |
|  | . 1010   |  |   |   | ☐ Schedule E/F, line   |               |
|  | Nime   | Otracai  |   |   | - Schedule O, line   |               |
|  | Number<br>City                                 | Street   | State   | ZIP Code  |  |               |

| Check if this is:  An amended filing  A supplement showing postpetition chapter |
|---|
| 13 income as of the following date:  MM / DD/ YYYY                              |
|   |

2,260.00

0.00

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | t 1: Describe Employment                                    |                       |   |   |
|----|---|-----------------------|---|---|
| 1. | Fill in your employment information.                        |                       | Debtor 1                                      | Debtor 2 or non-filing spouse                 |
|    | If you have more than one job,                              | Empleyment status     | ■ Employed                                    | ■ Employed                                    |
|    | attach a separate page with information about additional    | Employment status     | ☐ Not employed                                | ☐ Not employed                                |
|    | employers.  | Occupation            | Manager                                       | Energy Consultant                             |
|    | Include part-time, seasonal, or self-employed work.         | Employer's name       | Solar City                                    | Solar City                                    |
|    | Occupation may include student or homemaker, if it applies. | Employer's address    | 7370 Eastgate Rd. #125<br>Henderson, NV 89011 | 7370 Eastgate Rd. #125<br>Henderson, NV 89011 |
|    |   | How long employed the | nere? 7 Mos                                   | 6 Mos   |

**Give Details About Monthly Income** 

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 5,045.00 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 0.00 Calculate gross Income. Add line 2 + line 3. 5,045.00 2,260.00

Official Form 106I Schedule I: Your Income page 1

| Debi | tor 1<br>tor 2     | DAKOTA D ROUTH<br>KRISTINA K ROUTH   | -          | Case       | number (if known) | 16-1200           | 3                         |                |
|------|--------------------|--|------------|------------|-------------------|-------------------|---------------------------|----------------|
|      |                    |  |            | Foi        | r Debtor 1        |                   | otor 2 or                 |                |
|      | Cop                | by line 4 here   | 4.         | \$         | 5,045.00          | \$                | 2,260.00                  |                |
| 5.   | List               | all payroll deductions:  |            |            |                   |                   |                           |                |
| 0.   | 5a.                | Tax, Medicare, and Social Security deductions  | 5a.        | \$         | 984.00            | \$                | 520.00                    |                |
|      | 5b.                | Mandatory contributions for retirement plans   | 5b.        | \$         | 0.00              | \$                | 0.00                      |                |
|      | 5c.                | Voluntary contributions for retirement plans   | 5c.        | \$         | 0.00              | \$                | 0.00                      |                |
|      | 5d.                | Required repayments of retirement fund loans   | 5d.        | \$         | 0.00              | \$                | 0.00                      |                |
|      | 5e.                | Insurance  | 5e.        | \$_        | 376.00            | \$                | 0.00                      |                |
|      | 5f.                | Domestic support obligations   | 5f.        | \$_        | 0.00              | \$                | 0.00                      |                |
|      | 5g.                | Union dues   | 5g.        | \$_        | 0.00              |                   | 0.00                      |                |
|      | 5h.                | Other deductions. Specify: Child AD&D  | _ 5h.+     | \$_<br>\$  |                   | + \$              | 1.00                      |                |
|      |                    | Life Spouse Life   | _          | -<br>\$    | 32.00<br>5.00     | \$                | 12.00<br>5.00             |                |
|      |                    | AD&D   | _          | \$         | 0.00              | \$                | 3.00                      |                |
|      |                    | Spouse AD&D  | _          | \$         | 0.00              | \$                | 2.00                      |                |
| 6.   | Add                | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.         | \$         | 1,398.00          | \$                | 543.00                    |                |
| 7.   | Cal                | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.         | \$         | 3,647.00          | \$                | 1,717.00                  |                |
| 8.   | List<br>8a.        | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                            |            |            |                   |                   |                           |                |
|      |                    | monthly net income.  | 8a.        | \$         | 0.00              | \$                | 0.00                      |                |
|      | 8b.                | Interest and dividends   | 8b.        | \$         | 0.00              | \$                | 0.00                      |                |
|      | 8c.                | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.        | \$_        | 0.00              | \$                | 0.00                      |                |
|      | 8d.                |  | 8d.        | \$_        | 0.00              | \$                | 0.00                      |                |
|      | 8e.<br>8f.         | Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8e.<br>8f. | \$_<br>\$_ | 0.00              | \$<br>\$          | 0.00                      |                |
|      | 8g.                | Pension or retirement income   | 8g.        | \$_        | 0.00              | \$                | 0.00                      |                |
|      | 8h.                | Other monthly income. Specify:   | _ 8h.+     | \$_        | 0.00              | + \$              | 0.00                      | <del>-</del>   |
| 9.   | Add                | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.         | \$         | 0.00              | \$                | 0.00                      |                |
| 10.  |                    | culate monthly income. Add line 7 + line 9.  I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. \$     |            | 3,647.00 + \$_    | 1,717.            | 00 = \$                   | 5,364.00       |
| 11.  | Incl<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a cify:             | depen      |            | •                 | ed in <i>Sche</i> | <i>dule J.</i><br>11. +\$ | 0.00           |
| 12.  |                    | If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certain lies   |            |            |                   | , if it           | 12. \$Combine             | 5,364.00<br>ed |
| 13.  | Do j               | you expect an increase or decrease within the year after you file this form No.  | ?          |            |                   |                   | monthly                   | income         |
|      |                    | Yes. Explain:  |            |            |                   |                   |                           |                |

| SIII       | in this info             | rmation to identify yo  | our case.        |   |  | 1                |  |   |
|------------|--------------------------|---|------------------|---|--|------------------|--|---|
|            | otor 1                   | DAKOTA D F  |                  |   |  | Chec             | ck if this is:                         |   |
| Des        | itor i                   | DAKOTA D F  | СООТН            |   |  |                  | An amended filing                      |   |
| 1          | tor 2<br>ouse, if filing | KRISTINA K  | ROUTH            |   |  |                  | A supplement show<br>13 expenses as of | wing postpetition chapter the following date: |
| Unit       | ed States Ba             | ankruptcy Court for the                                       | : DISTRI         | CT OF NEVADA  |  | -                | MM / DD / YYYY                         |   |
| 1          | e number<br>nown)        | 16-12003  |                  |   |  |                  |  |   |
| O          | fficial F                | Form 106J   |                  |   |  |                  |  |   |
| S          | chedu                    | le J: Your l  | Expen            | ises  |  |                  |  | 12/1  |
| Be<br>info | as comple<br>ormation. I | ete and accurate as   | possible.        | If two married people ar<br>ch another sheet to this                      |  |                  |  |   |
| Par        |                          | scribe Your House   | hold             |   |  |                  |  |   |
| 1.         | _                        | joint case?   |                  |   |  |                  |  |   |
|            | _                        | o to line 2.<br>Does Debtor 2 live i                          | in a canar       | oto household?  |  |                  |  |   |
|            | _                        | _   | ii a separa      | ate nousenoid?  |  |                  |  |   |
|            | _                        | ■ No<br>☑ Yes. Debtor 2 mus                                   | st file Offici   | al Form 106J-2, <i>Expenses</i>   | s for Separate House                     | hold of Deb      | tor 2.                                 |   |
| 2.         | Do you h                 | nave dependents?  | □ No             |   |  |                  |  |   |
|            | Do not lis<br>Debtor 2.  | st Debtor 1 and   | Yes.             | Fill out this information for each dependent                              | Dependent's relati<br>Debtor 1 or Debtor |                  | Dependent's age                        | Does dependent live with you?                 |
|            | Do not st                | ate the<br>nts names.   |                  |   | Daughter                                 |                  | 7                                      | □ No<br>■ Yes                                 |
|            |                          |   |                  |   | Daughter                                 |                  | 12                                     | □ No<br>■ Yes                                 |
|            |                          |   |                  |   |  |                  |  | □ No  |
|            |                          |   |                  |   |  |                  | _                                      | ☐ Yes   |
|            |                          |   |                  |   |  |                  |  | □ No<br>□ Yes                                 |
| 3.         | expense                  | expenses include<br>s of people other the<br>and your depende | han $_{\square}$ | No<br>Yes   |  |                  |  |   |
| exp        | imate you                | of a date after the b   | our bankru       | y Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |  |                  |  |   |
| the        |                          | such assistance and   |                  | government assistance i<br>luded it on <i>Schedule I:</i> \               |  |                  | Your exp                               | enses   |
|            |                          | ,   |                  | _   |  |                  |  |   |
| 4.         |                          | al or home owners<br>s and any rent for the                   |                  | ses for your residence. I<br>r lot.                                       | nclude first mortgage                    | 4. \$            | i                                      | 1,600.00                                      |
|            | If not inc               | cluded in line 4:   |                  |   |  |                  |  |   |
|            | 4a. Re                   | eal estate taxes  |                  |   |  | 4a. \$           | 3                                      | 0.00  |
|            |                          | operty, homeowner's   |                  |   |  | 4b. \$           |  | 0.00  |
|            |                          | ome maintenance, re<br>omeowner's associat                    | •                |   |  | 4c. \$<br>4d. \$ |  | 0.00<br>0.00                                  |
| 5.         |                          |   |                  | our residence, such as ho   | me equity loans                          | 5. \$            |  | 0.00  |

|     | tor 1 DAKOTA D ROUTH tor 2 KRISTINA K ROUTH  | Case numb    | er (if known) | 16-12003                      |
|-----|--|--------------|---------------|-------------------------------|
| 6.  | Utilities:   |              |               |                               |
|     | 6a. Electricity, heat, natural gas   | 6a.          |               | 300.00                        |
|     | 6b. Water, sewer, garbage collection   | 6b.          |               | 120.00                        |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services                               | 6c.          | \$            | 205.00                        |
|     | 6d. Other. Specify: Cell Phones  | 6d.          | \$            | 350.00                        |
|     | Netflix / Hulu   |              | \$            | 30.00                         |
| 7.  | Food and housekeeping supplies   |              | \$            | 750.00                        |
| 8.  | Childcare and children's education costs   |              | \$            | 320.00                        |
| 9.  | Clothing, laundry, and dry cleaning  |              | \$            | 250.00                        |
| 10. |  | 10.          | ·             | 70.00                         |
|     | Medical and dental expenses  | 11.          | \$            | 65.00                         |
| 12. | <b>Transportation.</b> Include gas, maintenance, bus or train fare.                              | 12.          | \$            | 380.00                        |
| 13  | Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books | 13.          | ·             | 200.00                        |
|     | Charitable contributions and religious donations   | 14.          |               | 0.00                          |
|     | Insurance.   | 1-7.         | Ψ             | 0.00                          |
|     | Do not include insurance deducted from your pay or included in lines 4 or 20.                    |              |               |                               |
|     | 15a. Life insurance  | 15a.         | \$            | 0.00                          |
|     | 15b. Health insurance  | 15b.         | \$            | 0.00                          |
|     | 15c. Vehicle insurance   | 15c.         | \$            | 139.00                        |
|     | 15d. Other insurance. Specify:   | 15d.         | \$            | 0.00                          |
| 16. | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.          |              | _             | <del></del>                   |
|     | Specify:   | 16.          | \$            | 0.00                          |
| 17. | Installment or lease payments: 17a. Car payments for Vehicle 1                                   | 170          | ¢.            | 570.00                        |
|     | • •  | 17a.<br>17b. |               | 578.00                        |
|     | 17b. Car payments for Vehicle 2 17c. Other. Specify:   | 17b.<br>17c. | · -           | 0.00                          |
|     | 17d. Other. Specify:   | 17c.         |               | 0.00                          |
| 18  | Your payments of alimony, maintenance, and support that you did not report a                     |              | Ψ             | 0.00                          |
| 10. | deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I)                   |              | \$            | 0.00                          |
| 19. | Other payments you make to support others who do not live with you.                              |              | \$            | 0.00                          |
|     | Specify:   | 19.          |               |                               |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Sca                 |              |               |                               |
|     | 20a. Mortgages on other property   | 20a.         | ·             | 0.00                          |
|     | 20b. Real estate taxes   | 20b.         |               | 0.00                          |
|     | 20c. Property, homeowner's, or renter's insurance  | 20c.         |               | 0.00                          |
|     | 20d. Maintenance, repair, and upkeep expenses  | 20d.         | ·             | 0.00                          |
|     | 20e. Homeowner's association or condominium dues   | 20e.         |               | 0.00                          |
| 21. | Other: Specify:  | 21.          | +\$           | 0.00                          |
| 22. | Calculate your monthly expenses  |              |               |                               |
|     | 22a. Add lines 4 through 21.   |              | \$            | 5,357.00                      |
|     | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2             | 2            | \$            |                               |
|     | 22c. Add line 22a and 22b. The result is your monthly expenses.                                  |              | \$            | 5,357.00                      |
|     | , , ,  | L            | <u> </u>      |                               |
| 23. | Calculate your monthly net income.   | 22-          | <b>c</b>      | 5 004 00                      |
|     | 23a. Copy line 12 (your combined monthly income) from Schedule I.                                | 23a.         | ·             | 5,364.00                      |
|     | 23b. Copy your monthly expenses from line 22c above.   | 23b.         | -φ            | 5,357.00                      |
|     | 23c. Subtract your monthly expenses from your monthly income.                                    |              |               |                               |
|     | The result is your <i>monthly net income</i> .   | 23c.         | \$            | 7.00                          |
| 24. |  |              |               | ease or decrease because of a |
|     | Yes. Explain here:   |              |               |                               |
|     |  |              |               |                               |

| Fill in this inforr             | nation to identify your                          | case:  |                              |  |       |
|---------------------------------|--|--|------------------------------|--|-------|
| Debtor 1                        | DAKOTA D ROUT                                    | н  |                              |  |       |
|                                 | First Name                                       | Middle Name  | Last Name                    |  |       |
| Debtor 2<br>(Spouse if, filing) | KRISTINA K ROU First Name                        | TH Middle Name   | Last Name                    |  |       |
| , , ,                           |  |  | Last Name                    |  |       |
| United States Ba                | inkruptcy Court for the:                         | DISTRICT OF NEVADA                                       |                              |  |       |
| Case number                     | 16-12003   |  |                              |  |       |
| (if known)                      |  |  |                              | ☐ Check if th amended f  |       |
| O#: -: -! F                     | - 400D   |  |                              |  |       |
| Official Forn                   |  |  |                              |  |       |
| Declarat                        | ion About a                                      | ın Individual [  | Debtor's Sche                | edules   | 12/15 |
| You must file this              | s form whenever you fi                           | le bankruptcy schedules on<br>n connection with a bankru |                              | information.<br>king a false statement, concealing pr<br>es up to \$250,000, or imprisonment f |       |
| Sign                            | n Below  |  |                              |  |       |
| Did you pa                      | y or agree to pay some                           | one who is NOT an attorne                                | y to help you fill out bankr | ruptcy forms?  |       |
| ■ No                            |  |  |                              |  |       |
| ☐ Yes. N                        | Name of person                                   |  |                              | Attach Bankruptcy Petition Preparation, and Signature (Official)                               |       |
|                                 | Ity of perjury, I declare<br>e true and correct. | that I have read the summa                               | ary and schedules filed wit  | h this declaration and   |       |

X /s/ KRISTINA K ROUTH

KRISTINA K ROUTH

Signature of Debtor 2

Date May 13, 2016

X /s/ DAKOTA D ROUTH

**DAKOTA D ROUTH** 

Date May 13, 2016

Signature of Debtor 1

| Debtor     | 1 DAKOTA D ROUT                          | TH .                                  |   |                               |
|------------|--|---------------------------------------|---|-------------------------------|
| 200101     | First Name                               |                                       |   |                               |
| Debtor     | 14.4.01.11.01.11.00                      |                                       |   |                               |
| (Spouse if | f, filing) First Name                    | Middle Name                           | Last Name   |                               |
| United :   | States Bankruptcy Court for the:         | DISTRICT OF NEVADA                    |   |                               |
| Case no    | umber 16-12003                           |                                       |   |                               |
| (if known) |  |                                       |   | ☐ Check if this is an         |
|            |  |                                       |   | amended filing                |
|            |  |                                       |   |                               |
| Offic      | ial Form 107                             |                                       |   |                               |
|            |  | Affairs for Individual                | Is Filing for Bankruptcy  | 4/                            |
|            |  |                                       |   |                               |
|            |  |                                       | ng together, both are equally responsible<br>orm. On the top of any additional pages, |                               |
|            | (if known). Answer every ques            |                                       | . , , , , , , , , , , , , , , , , , , ,   | •                             |
| Part 1:    | Give Details About Your Man              | ital Status and Where You Lived       | d Before  |                               |
| art i.     | Olve Betails About 1 out man             | ital Otatas and Where Tou Live        | a Bolloto   |                               |
| . Wh       | at is your current marital status        | 5?                                    |   |                               |
|            | Married                                  |                                       |   |                               |
| _          | Not married                              |                                       |   |                               |
|            | Hormanioa                                |                                       |   |                               |
| . Du       | ring the last 3 years, have you li       | ived anywhere other than where        | e you live now?   |                               |
|            | No                                       |                                       |   |                               |
|            | Yes. List all of the places you liv      | red in the last 3 years. Do not inclu | ude where you live now.   |                               |
| _          | , ,                                      |                                       | •   | D D                           |
| De         | ebtor 1 Prior Address:                   | Dates Debtor 1 lived there            | Debtor 2 Prior Address:   | Dates Debtor 2<br>lived there |
| 36         | S10 Palm Tree Dr.                        | From-To:                              |   | _                             |
|            | oplar Bluff, MO 63901                    | 12/2014 - 08/2015                     | ■ Same as Debtor 1  | Same as Debtor 1 From-To:     |
|            | •  |                                       |   |                               |
|            | 27 Laka Dambuaka Di                      | From To:                              | _   | <u>_</u>                      |
|            | 537 Lake Pembroke Pl<br>rlando, FL 32829 | From-To:<br><b>05/20114 -</b>         | Same as Debtor 1  | Same as Debtor 1              |
| O.         | nando, i E 32023                         | 12/2014                               |   | From-To:                      |
| _          |  |                                       |   |                               |
| 97         | 24 W Littlewood Dr                       | From-To:                              | ■ Same as Debtor 1  | ■ Same as Debtor 1            |
| В          | oise, ID 83709                           | 4/2009 - 05/2014                      |   | From-To:                      |
|            |  |                                       |   |                               |
|            |  |                                       |   |                               |
|            |  |                                       |   |                               |

Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

| Debtor           |   |   | Case   | e number ( <i>if known</i> ) <b>16-1200</b>                | 3   |
|------------------|---|---|--|--|---|
| Part 2           | Explain the Sources of Yo   | ur Income   |  |  |   |
| Fil              | d you have any income from e<br>I in the total amount of income you are filing a joint case and you   | ou received from all jobs and a   | all businesses, including part   | -time activities.  | ndar years?   |
|                  | No  |   |  |  |   |
|                  | Yes. Fill in the details.   |   |  |  |   |
|                  |   | Debtor 1  |  | Debtor 2   |   |
|                  |   | Sources of income<br>Check all that apply.  | Gross income (before deductions and exclusions)  | Sources of income<br>Check all that apply.                 | Gross income<br>(before deductions<br>and exclusions) |
|                  | January 1 of current year until<br>te you filed for bankruptcy:   | ■ Wages, commissions, bonuses, tips   | \$19,628.00  | ■ Wages, commissions, bonuses, tips                        | \$8,728.00  |
|                  |   | ☐ Operating a business  |  | ☐ Operating a business                                     |   |
|                  | st calendar year:<br>ary 1 to December 31, 2015 )   | ■ Wages, commissions, bonuses, tips   | \$10,376.00  | ■ Wages, commissions, bonuses, tips                        | \$8,305.00  |
|                  |   | ☐ Operating a business  |  | ☐ Operating a business                                     |   |
|                  | e calendar year before that:<br>ary 1 to December 31, 2014)   | ■ Wages, commissions, bonuses, tips   | \$54,000.00  | ■ Wages, commissions, bonuses, tips                        | \$26,000.00   |
|                  |   | ☐ Operating a business  |  | ☐ Operating a business                                     |   |
| Ind<br>an<br>wir | d you receive any other income clude income regardless of whet dother public benefit payments; nnings. If you are filing a joint cast each source and the gross income.  No Yes. Fill in the details. | her that income is taxable. Ex-<br>pensions; rental income; interse and you have income that  | amples of other income are a rest; dividends; money collection you received together, list it contact the contact in the contact is the contact and the contact in the cont | ted from lawsuits; royalties; an only once under Debtor 1. |   |
|                  |   | Debtor 1  |  | Debtor 2   |   |
|                  |   | Sources of income<br>Describe below.  | Gross income from<br>each source<br>(before deductions and<br>exclusions)  | Sources of income<br>Describe below.                       | Gross income<br>(before deductions<br>and exclusions) |
|                  | e calendar year before that:<br>ary 1 to December 31, 2014)   |   | \$0.00   | Unemployment   | \$6,511.00  |
| •                | , ,   |   |  |  |   |
| Part 3:          | List Certain Payments You   | Made Before You Filed for   | Bankruptcy   |  |   |
| 6. Ar<br>□       |   | 2's debts primarily consume<br>Debtor 2 has primarily consu<br>a personal, family, or househo | u <mark>mer debts.</mark> Consumer debts   | s are defined in 11 U.S.C. § 10                            | 01(8) as "incurred by an                              |
|                  | During the 90 days before No. Go to line  | ore you filed for bankruptcy, di  | id you pay any creditor a tota   | I of \$6,425* or more?                                     |   |
|                  | ☐ Yes List below paid that c  | each creditor to whom you pareditor. Do not include paymer                                    | nts for domestic support oblig   |  |   |
|                  |   | e payments to an attorney for to<br>ton 4/01/19 and every 3 year                              |  | or after the date of adjustmen                             | t.  |

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|   | otor 1 DAKOTA D F<br>otor 2 KRISTINA K      |   |  | Cas  | se number (if knowi                     | 16-12003                      |   |
|---|---|---|--|--|---|-------------------------------|---|
|   |   |   | ve primarily consumer dek<br>d for bankruptcy, did you pa                  |  | al of \$600 or more                     | e?                            |   |
|   | ■ No.                                       | Go to line 7.                                       |  |  |   |                               |   |
|   | □ <sub>Yes</sub>                            |   | or to whom you paid a total<br>domestic support obligations<br>uptcy case. |  |   |                               |   |
|   | Creditor's Name and                         | Address   | Dates of payment   | Total amount paid                                | Amount you still owe                    | Was this p                    | payment for   |
| <ol> <li>Within 1 year before you filed for ban<br/>Insiders include your relatives; any gene<br/>of which you are an officer, director, per<br/>a business you operate as a sole proprie<br/>alimony.</li> </ol>                 |   |   | artners; relatives of any gene<br>control, or owner of 20% or              | eral partners; partner<br>r more of their voting | erships of which y<br>g securities; and | ou are a gene<br>any managing | ral partner; corporations<br>agent, including one for |
| ■ No □ Yes. List all payments to an insider.  |   |   |  |  |   |                               |   |
|   | Insider's Name and                          |   | Dates of payment   | Total amount paid                                | Amount you still owe                    | Reason fo                     | r this payment  |
| <ul> <li>Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that insider?</li> <li>Include payments on debts guaranteed or cosigned by an insider.</li> </ul> |   |   |  |  | debt that benefited an                  |                               |   |
|   | ☐ Yes. List all paym Insider's Name and     |   | Dates of payment   | Total amount                                     | Amount you                              |                               | r this payment  |
|   |   |   |  | paid   | still owe                               | Include cre                   | ditor's name  |
|   | Within 1 year before                        | cluding personal injury                             | cy, were you a party in any cases, small claims actions                    |  |   |                               |   |
|   | □ No  |   |  |  |   |                               |   |
|   | Yes. Fill in the de                         | tails.  | Notice of the coop   | Court or against                                 |   | Status of t                   | h   |
|   | Case number                                 |   | Nature of the case   | Court or agency                                  |   | Status of t                   | me case   |
|   | Connections Cred<br>CV-2015-1766-OC         | it Union  | Lawsuit  | The State of Idaho county of Bannock             |   | ☐ Pendin☐ On app☐ Conclu      | eal   |
|   | State of Idaho<br>CVOC1418944               |   | Lawsuit  | State of Idaho,<br>ADA                           | County of                               | ☐ Pendin☐ On app☐ Conclu      | eal   |
| 10.   |   | you filed for bankruptord fill in the details below | cy, was any of your prope<br>w.  | rty repossessed, f                               | oreclosed, garn                         | ished, attache                | ed, seized, or levied?                                |
|   | ■ No. Go to line 11. □ Yes. Fill in the inf |   |  |  |   |                               |   |
|   | Creditor Name and                           |   | Describe the Property  |  | Date                                    | 9                             | Value of the  |
|   |   |   | Explain what happened  |  |   |                               | property  |

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|     | otor 2                  | KRISTINA K ROUTH   |                     |   | Case number (if i | 16-120  | 03                           |
|-----|-------------------------|--|---------------------|---|-------------------|---|------------------------------|
| 11. | acco                    | in 90 days before you filed for bank<br>unts or refuse to make a payment b<br>No<br>Yes. Fill in the details.                            |                     | did any creditor, including a bank or<br>you owed a debt?   | financial insti   | tution, set off a                               | ny amounts from your         |
|     |                         | ditor Name and Address   | De                  | escribe the action the creditor took  |                   | Date action wa<br>taken                         | s Amount                     |
| 12. | court                   | in 1 year before you filed for bankru<br>t-appointed receiver, a custodian, c<br>No<br>Yes   |                     | ras any of your property in the posse<br>er official?   | ssion of an as    | signee for the k                                | penefit of creditors, a      |
| Par | t 5:                    | List Certain Gifts and Contribution  | ns                  |   |                   |   |                              |
| 13. | ☐ '                     | in 2 years before you filed for bank<br>No<br>Yes. Fill in the details for each gift.<br>s with a total value of more than \$6<br>person |                     | did you give any gifts with a total value of the gifts  |                   | n \$600 per pers<br>Dates you gave<br>the gifts |                              |
|     |                         | son to Whom You Gave the Gift and  | i                   |   |                   |   |                              |
|     |                         | ress:  |                     |   |                   |   |                              |
| 14. |                         | in <b>2 years before you filed for bank</b><br>No<br>Yes. Fill in the details for each gift or o   |                     | did you give any gifts or contribution ion.   | s with a total v  | alue of more th                                 | nan \$600 to any charity?    |
|     | more<br>Chai            | s or contributions to charities that<br>e than \$600<br>rity's Name<br>ress (Number, Street, City, State and ZIP Coo                     |                     | Describe what you contributed   |                   | Dates you contributed                           | Value                        |
| Par | t 6:                    | List Certain Losses  |                     |   |                   |   |                              |
| 15. |                         | in 1 year before you filed for bankrumbling?   | uptcy or            | since you filed for bankruptcy, did y   | ou lose anythi    | ng because of                                   | theft, fire, other disaster, |
|     | _                       | No<br>Yes. Fill in the details.  |                     |   |                   |   |                              |
|     |                         | cribe the property you lost and the loss occurred  | Include             | ibe any insurance coverage for the loe the amount that insurance has paid. Loe claims on line 33 of Schedule A/B: | ist pending       | Date of your<br>loss                            | Value of property<br>lost    |
| Par | t 7:                    | List Certain Payments or Transfer  | s                   |   |                   |   |                              |
|     | Withi<br>cons<br>Includ | in 1 year before you filed for bankru<br>ulted about seeking bankruptcy or   | ıptcy, d<br>prepari | id you or anyone else acting on your ng a bankruptcy petition? rs, or credit counseling agencies for sen          |                   |   |                              |
|     | Add<br>Ema              | son Who Was Paid<br>ress<br>iil or website address<br>son Who Made the Payment, if Not '   | You                 | Description and value of any propertransferred  |                   | Date payment<br>or transfer was<br>made         | Amount of payment            |
|     | Ball<br>955<br>Las      | staedt Law<br>5 S Eastern Ave. Ste #210<br>Vegas, NV 89123<br>o@bkvegas.com  |                     | Attorney Fees   |                   | 3/28/16,<br>4/11/16,<br>4/13/16                 | \$500.00                     |

| Debt<br>Debt | or 1<br>or 2               | DAKOTA D ROUTH<br>KRISTINA K ROUTH  |        |  |                         | Case num                | nber (ii | f known) 16-12003                                 |       |  |
|--------------|----------------------------|---|--------|--|-------------------------|-------------------------|----------|---|-------|--|
| - 1          | prom                       | n 1 year before you filed for bankruptc<br>ised to help you deal with your credito<br>t include any payment or transfer that you  | rs or  | to make payments   |                         |                         | oay or   | transfer any prope                                | ∍rty  | to anyone who                              |
|              | _                          | No<br>Yes. Fill in the details.   |        |  |                         |                         |          |   |       |  |
|              | Pers<br>Addr               | on Who Was Paid<br>ress   |        | Description and v transferred                            | alue of any pro         | perty                   |          | Date payment or transfer was made                 |       | Amount o                                   |
| t<br>I<br>i  | transi<br>Includ<br>Includ | in 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, oth sferred in the ordinary course of your business or financial affairs? de both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on you de gifts and transfers that you have already listed on this statement. |        |  |                         |                         |          |   |       |  |
|              | Pers<br>Addr               |   |        | Description and v property transferr                     |                         | paym                    | ents ı   | ny property or<br>received or debts<br>hange      |       | ate transfer was<br>nade                   |
|              |                            | on's relationship to you<br>ate Party   |        | 2001 Chevrolet   | Suburban                | Rece                    | ived     | \$1500  | 8     | /2015                                      |
|              | Non                        | е   |        |  |                         |                         |          |   |       |  |
|              | benef                      | n 10 years before you filed for bankrup<br>ficiary? (These are often called asset-pro<br>No<br>Yes. Fill in the details.<br>e of trust  |        |  |                         |                         |          |   |       | which you are a                            |
|              |                            |   |        |  |                         | <b>,</b>                |          |   |       | nade                                       |
|              |                            | List of Certain Financial Accounts, Ins   |        | -  |                         | _                       |          |   |       |  |
| !<br>!       | sold,<br>Includ<br>house   | n 1 year before you filed for bankrupte;<br>moved, or transferred?<br>de checking, savings, money market, o<br>es, pension funds, cooperatives, assoc<br>No<br>Yes. Fill in the details.  | or oth | er financial accour                                      | nts; certificates       | s of deposi             |          |   |       |  |
|              |                            | e of Financial Institution and<br>ress (Number, Street, City, State and ZIP   |        | t 4 digits of<br>ount number                             | Type of acco instrument | unt or                  | clos     | e account was<br>sed, sold,<br>ved, or<br>sferred |       | Last balanc<br>before closing o<br>transfe |
|              |                            | ou now have, or did you have within 1 y<br>or other valuables?  | year I | before you filed for                                     | bankruptcy, a           | ny safe de <sub>l</sub> | posit    | box or other depos                                | sitor | y for securities,                          |
|              | _                          | No<br>Yes. Fill in the details.   |        |  |                         |                         |          |   |       |  |
|              |                            | e of Financial Institution<br>Tess (Number, Street, City, State and ZIP Code)   |        | Who else had acc<br>Address (Number, State and ZIP Code) |                         | Describe                | the c    | ontents   |       | Do you still have it?                      |
| 22. <b>I</b> | Have                       | you stored property in a storage unit o   | or pla | nce other than your                                      | home within 1           | year before             | re you   | u filed for bankrupt                              | cy?   |  |
| <br>         |                            | No<br>Yes. Fill in the details.   |        |  |                         |                         |          |   |       |  |
|              |                            | e of Storage Facility ress (Number, Street, City, State and ZIP Code)   |        | Who else has or h  | ad access               | Describe                | the c    | ontents   |       | Do you still have it?                      |

Official Form 107

Address (Number, Street, City, State and ZIP Code)

Address (Number, Street, City, State and ZIP Code)

|     | otor 1 DAKOTA D ROUTH otor 2 KRISTINA K ROUTH   |   | Case number (if known) 16-12003       |                      |
|-----|---|---|---------------------------------------|----------------------|
| Pa  | t 9: Identify Property You Hold or Control for  | Someone Else  |                                       |                      |
| 23. | Do you hold or control any property that some for someone.  | one else owns? Include any proper   | rty you borrowed from, are storing fo | or, or hold in trust |
|     | ■ No □ Yes. Fill in the details.  |   |                                       |                      |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)   | Describe the property                 | Valu                 |
| Pa  | t 10: Give Details About Environmental Inform   | ation   |                                       |                      |
| For | the purpose of Part 10, the following definitions   | apply:  |                                       |                      |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | air, land, soil, surface water, ground                                    |                                       |                      |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposal  | •   | law, whether you now own, operate,    | or utilize it or use |
|     | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or   |   | s waste, hazardous substance, toxic   | substance,           |
| Rep | ort all notices, releases, and proceedings that y   | ou know about, regardless of whe  | n they occurred.                      |                      |
| 24. | Has any governmental unit notified you that yo  | u may be liable or potentially liable                                     | under or in violation of an environm  | nental law?          |
|     | ■ No □ Yes. Fill in the details.  |   |                                       |                      |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | Environmental law, if you know it     | Date of notice       |
| 25. | Have you notified any governmental unit of any  | release of hazardous material?  |                                       |                      |
|     | ■ No □ Yes. Fill in the details.  |   |                                       |                      |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | Environmental law, if you know it     | Date of notice       |
| 26. | Have you been a party in any judicial or admini   | strative proceeding under any envi  | ironmental law? Include settlements   | and orders.          |
|     | ■ No □ Yes. Fill in the details.  |   |                                       |                      |
|     | Case Title Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nature of the case                    | Status of the case   |
| Pa  | t 11: Give Details About Your Business or Cor   | nnections to Any Business   |                                       |                      |
| 27. | Within 4 years before you filed for bankruptcy,   | did you own a business or have ar   | ny of the following connections to ar | ny business?         |
|     | lacksquare A sole proprietor or self-employed in a  | trade, profession, or other activity,                                     | either full-time or part-time         |                      |
|     | ■ A member of a limited liability company   | (LLC) or limited liability partnersh                                      | ip (LLP)                              |                      |
|     | ☐ A partner in a partnership  |   |                                       |                      |
|     | ☐ An officer, director, or managing execu   | tive of a corporation   |                                       |                      |
|     | An owner of at least 5% of the voting or  | r aquity sacurities of a corporation                                      |                                       |                      |

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|  | tor 1 DAKOTA D ROUTH tor 2 KRISTINA K ROUTH                                    |  | Case number (if known) 16-12003   |
|--|--|--|---|
|  | ■ No. None of the above applies. Go to   | Part 12.                                     |   |
| ,                                      | _  |  |   |
|  | ,  | I in the details below for each business.    |   |
|  | Business Name<br>Address   | Describe the nature of the business          | Employer Identification number  Do not include Social Security number or ITIN.  |
|  | (Number, Street, City, State and ZIP Code)                                     | Name of accountant or bookkeeper             |   |
|  |  |  | Dates business existed  |
|  | Body Renew Fitness LLC   | Health Club                                  | EIN:  |
|  |  | Chris Casado                                 | From-To 10/2009 - 7/2014  |
| i                                      | institutions, creditors, or other parties.  No Yes. Fill in the details below. | tey, did you give a illiancial statement to  | o anyone about your business? Include all financial   |
|  | Name<br>Address<br>(Number, Street, City, State and ZIP Code)                  | Date Issued                                  |   |
| Part                                   | 12: Sign Below   |  |   |
| are tr<br>with<br>18 U.<br>/s/ [<br>DA |  | false statement, concealing property, o      | d I declare under penalty of perjury that the answers or obtaining money or property by fraud in connection years, or both. |
| Date                                   | May 13, 2016   | Date May 13, 2016                            |   |
| ■ No                                   | es   |  |   |
| Did y<br>■ No                          | <b>/ou pay or agree to pay someone who is no</b><br>o                          | ot an attorney to help you fill out bankru   | ptcy forms?   |
| □ Ye                                   | es. Name of Person Attach the Bankru   | uptcy Petition Preparer's Notice, Declaratio | n, and Signature (Official Form 119).   |

| Fill in this infor              | mation to identify your case    |                 |   |                                       |
|---------------------------------|---------------------------------|-----------------|---|---------------------------------------|
| Debtor 1                        | DAKOTA D ROUTH                  |                 |   |                                       |
|                                 | First Name                      | Middle Name     | Last Name   |                                       |
| Debtor 2<br>(Spouse if, filing) | KRISTINA K ROUTH First Name     | Middle Name     | Last Name   |                                       |
| United States Ba                | inkruptcy Court for the: DIS    | STRICT OF NE    | VADA  |                                       |
| Coco numbor                     | 46 40000                        |                 |   |                                       |
| Case number (if known)          | 16-12003                        |                 |   | ☐ Check if this is an                 |
|                                 |                                 |                 |   | amended filing                        |
| ~# · · · =                      |                                 |                 |   |                                       |
| Official Fo                     |                                 |                 |   |                                       |
| Statemer                        | nt of Intention 1               | or Indiv        | riduals Filing Under Chapt  | ter / 12/15                           |
| If you are an ind               | ividual filing under chapter    | 7. vou must fil | Lout this form if:  |                                       |
|                                 | e claims secured by your pr     | -               | rout uns form in.   |                                       |
| ■ you have leas                 | sed personal property and the   | ne lease has no | ot expired.   |                                       |
|                                 | ever is earlier, unless the co  |                 | you file your bankruptcy petition or by the date e time for cause. You must also send copies to       |                                       |
|                                 | eople are filing together in a  | joint case, bo  | th are equally responsible for supplying correct  | information. Both debtors must        |
| Be as complete                  | and accurate as possible. If    | more space is   | s needed, attach a separate sheet to this form. O   | n the top of any additional pages,    |
|                                 | our name and case number        |                 |   | ,                                     |
| Part 1: List Y                  | our Creditors Who Have Se       | cured Claims    |   |                                       |
| 1. For any credit               | •                               | of Schedule D   | : Creditors Who Have Claims Secured by Prope  | rty (Official Form 106D), fill in the |
|                                 | editor and the property that is | collateral      | What do you intend to do with the property th   |                                       |
|                                 |                                 |                 | secures a debt?   | as exempt on Schedule C?              |
| Creditor's A                    | Illy Financial                  |                 | Common describes assessments  | Пма                                   |
| name:                           | Illy Financial                  |                 | ☐ Surrender the property. ☐ Retain the property and redeem it.  | □ No                                  |
| Descriptions                    |                                 |                 | ☐ Retain the property and enter into a  | ■ Yes                                 |
| Description of<br>property      | 2013 Cadillac ATS 550           | 00 miles        | Reaffirmation Agreement.  |                                       |
| securing debt:                  |                                 |                 | ■ Retain the property and [explain]:  Retain and Make Regular Payments                                |                                       |
| Part 2: List Y                  | our Unexpired Personal Pro      | norty I pasas   |   |                                       |
| For any unexpire                | ed personal property lease t    | hat you listed  | in Schedule G: Executory Contracts and Unexp  |                                       |
|                                 |                                 |                 | expired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(p |                                       |
| Describe your u                 | nexpired personal property      | leases          |   | Will the lease be assumed?            |
| Lessor's name:                  |                                 |                 |   | □ No                                  |
| Description of lea              | ased                            |                 |   | L No                                  |
| Property:                       |                                 |                 |   | ☐ Yes                                 |
| Lessor's name:                  |                                 |                 |   | □ No                                  |
| Description of lea<br>Property: | ased                            |                 |   | ☐ Yes                                 |
|                                 |                                 |                 |   | ⊔ res                                 |
| Lessor's name:                  |                                 |                 |   |                                       |
| Official Form 108               | 9                               | statement of In | tention for Individuals Filing Under Chapter 7  | page 1                                |

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| Debtor<br>Debtor |   | Case number (if known)              | 16-12003                     |  |  |  |
|------------------|---|-------------------------------------|------------------------------|--|--|--|
| Descri<br>Proper | ption of leased<br>ty:  |                                     | □ No □ Yes                   |  |  |  |
|                  | r's name:<br>ption of leased<br>ty:   |                                     | □ No                         |  |  |  |
|                  | r's name:<br>ption of leased<br>ty:   |                                     | □ No □ Yes                   |  |  |  |
|                  | r's name:<br>ption of leased<br>ty:   |                                     | □ No □ Yes                   |  |  |  |
|                  | 's name:<br>ption of leased<br>ty:  |                                     | □ No □ Yes                   |  |  |  |
|                  | Part 3: Sign Below  Inder penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal |                                     |                              |  |  |  |
| proper           | ty that is subject to an unexpired lease.   | / KRISTINA K ROUTH                  | aree a door and any personal |  |  |  |
| , D              | AKOTA D ROUTH KI  | RISTINA K ROUTH gnature of Debtor 2 |                              |  |  |  |
| D                | ate May 13, 2016 Date   | May 13, 2016                        |                              |  |  |  |

B2030 (Form 2030) (12/15)

### United States Bankruptcy Court District of Nevada

| In re          | DAKOTA D ROUTH<br>KRISTINA K ROUTH  |  | Case No.   | 16-12003   |
|----------------|---|--|--|--|
|                |   | Debtor(s)  | Chapter  | 7  |
|                | DISCLOSURE OF COMPENS   | ATION OF ATTO  | RNEY FOR DE  | CBTOR(S)   |
| С              | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), ompensation paid to me within one year before the filing of e rendered on behalf of the debtor(s) in contemplation of or   | f the petition in bankruptc  | y, or agreed to be paid  | to me, for services rendered or to   |
|                | For legal services, I have agreed to accept   |  | \$   | 1,672.00   |
|                | Prior to the filing of this statement I have received   |  |  | 600.00   |
|                | Balance Due   |  |  | 1,072.00   |
| 2. \$          | 335.00 of the filing fee has been paid.   |  |  |  |
| 3. T           | The source of the compensation paid to me was:  |  |  |  |
|                | ■ Debtor □ Other (specify):   |  |  |  |
| 4. Т           | The source of compensation to be paid to me is:   |  |  |  |
|                | ■ Debtor □ Other (specify):   |  |  |  |
| 5. I           | I have not agreed to share the above-disclosed compensation   | ation with any other perso   | n unless they are mem  | bers and associates of my law firm.  |
| I              | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names  |  |  |  |
| 6. I           | n return for the above-disclosed fee, I have agreed to rende  | er legal service for all aspe  | cts of the bankruptcy c  | ase, including:  |
| b<br>c         | <ul> <li>Analysis of the debtor's financial situation, and rendering</li> <li>Preparation and filing of any petition, schedules, stateme</li> <li>Representation of the debtor at the meeting of creditors at</li> <li>[Other provisions as needed]</li> <li>Debtor and Attorney have entered into 2 se filing of a skeletal bankruptcy petition and \$1072 for the completion of schedules, and</li> </ul> | ent of affairs and plan which<br>and confirmation hearing,<br>eparate fee agreements<br>nothing else. The seco | ch may be required;<br>and any adjourned hea<br>s. The first was \$50<br>and fee agreement | rings thereof; 0, signed prepetition, for the was signed post-petition for |
| 7. E           | By agreement with the debtor(s), the above-disclosed fee do<br>Negotiations with secured creditors to reduce and/or reaffirmations. Representation of the relief from stay actions or any other advers  | uce to market value pu<br>e debtors in any disch   | irsuant to 506(a) cra  |  |
|                | (   | CERTIFICATION  |  |  |
|                | certify that the foregoing is a complete statement of any agankruptcy proceeding.   | greement or arrangement f  | or payment to me for re  | epresentation of the debtor(s) in  |
| M              | ay 13, 2016   | /s/ Seth Ballstae  | edt, Esq.  |  |
| $\overline{D}$ | nte   | Seth Ballstaedt  |  |  |
|                |   | Signature of Attorn Ballstaedt Law   | ney  |  |
|                |   | 9555 S Eastern   |  |  |
|                |   | Las Vegas, NV (<br>(702) 715-0000  | 39123  |  |
|                |   | help@bkvegas.  | com  |  |
|                |   | Name of law firm   |  |  |

# **United States Bankruptcy Court District of Nevada**

| In re  | DAKOTA D ROUTH<br>KRISTINA K ROUTH |                                   | Case No. | 16-12003            |
|--------|------------------------------------|-----------------------------------|----------|---------------------|
|        |                                    | Debtor(s)                         | Chapter  | 7                   |
| Γhe ab |                                    | FICATION OF CREDITOR I            |          | of their knowledge. |
| Date:  | May 13, 2016                       | /s/ DAKOTA D ROUTH DAKOTA D ROUTH |          |                     |
|        |                                    | Signature of Debtor               |          |                     |

/s/ KRISTINA K ROUTH
KRISTINA K ROUTH
Signature of Debtor

Date: May 13, 2016